

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

OCT 30 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000004351

1. Corporation Name

SILVERCORE, INC.

Principal Place of Business

2890 GRIFFIN ROAD
SUITE NO. 5
FT. LAUDERDALE FL 33312

Mailing Address

2890 GRIFFIN ROAD
SUITE NO. 5
FT. LAUDERDALE FL 33312



REINSTATEMENT 02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/11/2001

Suite, Apt. #, etc.

1500 NW 1st St Suite 5

City & State

DANIA BEACH FL

Zip 33004 Country USA

Suite, Apt. #, etc.

1500 NW 1st St Suite 5

City & State

DANIA BEACH FL

Zip 33004 Country USA

5. FEI Number

05-1092340

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SILVERMAN, MICHAEL	2890 GRIFFIN ROAD NO. 5	FT. LAUDERDALE FL 33312

000000697848
10/30/02--01041--013 **758.75

8. Name and Address of Current Registered Agent

SILVERMAN, MICHAEL
2890 GRIFFIN ROAD
SUITE NO. 5
FT. LAUDERDALE FL 33312

9. Name and Address of New Registered Agent

Name
Silverman Michael
Street Address (P.O. Box Number is Not Acceptable)
1500 NW 1st Street
Suite, Apt. #, Etc.
Suites 1A-C
City
Dania Beach
State
FL
Zip Code
33004

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/26/02

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/26/02 954-367-1420

CR2E040 (8/02)