

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

03 MAY 14 AM 8:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800017876158  
05/02/03--01049--014 \*\*300.00

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P01000063174  
1. Corporation Name  
SILVER & LOEB HOLDINGS, INC.

2. Principal Office Address  
600 SW 4TH AVENUE

Suite, Apt. #, etc.

City & State  
FORT LAUDERDALE, FL

Zip Country  
33315 USA

3. Mailing Office Address  
600 SW 4TH AVENUE

Suite, Apt. #, etc.

City & State  
FORT LAUDERDALE, FL

Zip Country  
33315 USA

4. Date Incorporated or Qualified To Do Business in Florida 6/25/01

5. FEI Number 65-1115986 Applied For Not Applicable

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

7. Name and Address of Current Registered Agent

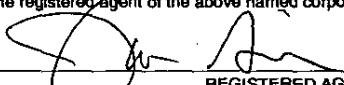
Name JASON A. SILVER

Street Address (P.O. Box Number is Not Acceptable)  
600 SW 4TH AVENUE

Suite, Apt. #, Etc.

City FORT LAUDERDALE FL Zip Code 33315

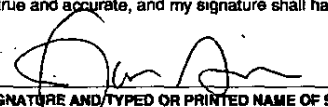
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  REGISTERED AGENT MUST SIGN Date 4/30/03

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	JASON A. SILVER	600 SW 4TH AVE	FT LAUDERDALE, FL 33315
VP	RANDON E. LOEB	600 SW 4TH AVE	FT LAUDERDALE, FL 33315

10. 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:  JASON A. SILVER Date 4/30/03 Daytime Phone # 954-761-8282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2001 (10/02)

7/5/20