

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

REINSTATEMENT



Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 16 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000073471

1. Corporation Name

SILVERBACK ENTERPRISES, INC.

Principal Place of Business

6503 N MILITARY TRAIL, APT 4103  
BOCA RATON FL 33496

Mailing Address

6503 N MILITARY TRAIL, APT 4103  
BOCA RATON FL 33496



900009518159

12/16/02--01031--013 \*\*150.00

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

07/24/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

651125570

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	BUTTNER, WILLIAM H	6503 N MILITARY TRAIL, APT 4103	BOCA RATON FL 33496

8. Name and Address of Current Registered Agent

LOOMAR, L. GREGORY ESQUIRE  
1152 N UNIVERSITY DR  
PEMBROKE PINES FL 33024

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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*  
REGISTERED AGENT MUST SIGN

Date

12-2-02

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

12-6-02

Date

561 271 4617

Daytime Phone #

CR2040 (8/02)

RE: PO1000073471

12-6-02

FLORIDA DEPARTMENT OF STATE

AS PRESIDENT + ONLY OFFICER-DIRECTOR  
OF SILVERBACK ENTERPRISES, INC, I did not  
RECEIVE NOR WAS I AWARE of THE ANNUAL  
REPORT/UNIFORM BUSINESS REPORT Fee of 150.00

My CORPORATION WAS FORMED 7/24/01

THE CORPORATE ADDRESS:

6503 N MILITARY TRAIL #4103  
BOCA RATON FL 33496

BE ASSURED THE ANNUAL REPORT/FEE  
WILL BE PAID PROMPTLY IN THE FUTURE

Thank You  
William H. Butner

WILLIAM H BUTTNER PRESIDENT