

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 30 PM 2:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000094397

1. Corporation Name

THE SILCOME GROUP, INC

2. Principal Office Address

2302 NW 71ST PLACE

3. Mailing Office Address

P.O. BOX 13124

Suite, Apt. #, etc.

SUITE B

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

City & State

GAINESVILLE

Zip

32653

Country

Zip

FL

Country

32604

4. Date Incorporated or Qualified

To Do Business in Florida 09/26/2001

5. FEL Number

59-3750558

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

MABEL E. SILVA

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

2302 NW 71ST PLACE

Suite, Apt. #, Etc.

SUITE B

City

GAINESVILLE

State

FL

Zip Code

32653

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 12-26-02

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
P	FAYLENE WELCOME	1556 NE 6TH AVE	GAINESVILLE, FL 32641
VST	MABEL SILVA	PO BOX 13124	GAINESVILLE, FL 32604

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MABEL SILVA

12-26-02

Date

352-373-2493

Daytime Phone #

CR2E081 (9/01)

98 1/3

Mabel E. Silva  
2302 NW 71<sup>st</sup> Place  
Gainesville, FL 32653  
December 23, 2002


Division of Corporations  
Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314

RE: THE SILCOME GROUP - REINSTATEMENT

Dear Sir or Madam:

I am filing Reinstatement Form for The Silcome Group – Document # P01000094397.  
We did not receive the UBR form or any document to be filed from the State of Florida.  
After I check on the status of the Corporation I noticed the company has been inactive.  
I am submitting check in the amount of \$150.00 for the reinstatement of the corporation  
named above.  
Please Contact me if you have any questions at 352-373-2493 or 352-222-6534.

Sincerely,

  
Mabel E Silva  
Vice-President

Enclosures (2)