

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2007 JAN 29 AM 10:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA100087361901  
02/05/07--01013--029 \*\*1050.00

DOCUMENT # P01000099347

1. Corporation Name

Silver Inc

2. Principal Office Address - No P.O. Box #

865 COLLINS AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

6107 NW 6th Ct

Suite, Apt. #, etc.

City &amp; State

Miami Beach, FL

City &amp; State

Miami FL

Zip

33139

Country

Dade

Zip

33127

Country

Dade.

## 7. Name and Address of Current Registered Agent

Name

NITZA COHEN

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

2286 NE 215th St

Suite, Apt. #, Etc.

City

Miami FL

State

FL

Zip Code

33180

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

1-1-07

## 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	NITZA COHEN	2286 NE 215th St	Miami FL 33180

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 contained in Chapter 119, 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 #

NITZA COHEN

1-1-07

305 759 1122

1/2/07