

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F12

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILE

2007 MAR -8 PM 12:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

900092347009
03/13/07--01014--012 **450.00

REINSTATEMENT

CR2E081 (12/05)

05-07

DOCUMENT # 901000104783

1. Corporation Name

Silver Treasure, Inc.

2. Principal Office Address

7395 SW 42 ST

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33155

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/30/2001

5. FEI Number

20-852015

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

Orlando Martinez

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

7395 SW 42 St.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33155

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

Orlando Martinez

Date

REGISTERED AGENT MUST SIGN

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
PD	Orlando Martinez	14631 SW 180 Terr.	Miami, FL 33177

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:

Orlando Martinez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell MAR 8 2007

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Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$450.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2005-2007 or any other notice from the Division of Corporations in respect with the Corporation **SILVER TREASURE, INC.**

Thank you for your courtesy in this matter.


ORLANDO MARTINEZ
PRESIDENT