

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

182

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -2 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

PO2000007626

1. Corporation Name

Silo Managent, Inc.

2. Principal Office Address

2161 NE 28th Street

Suite, Apt. #, etc.

3. Mailing Office Address

2161 NE 28th Street

Suite, Apt. #, etc.

City & State

Lighthouse Point, FL

City & State

Lighthouse Point, FL

Zip

33064

Country

USA

Zip

33064

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/04/02

5. FEI Number

75-2984867

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

Tina C. Schifani

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

2161 NE 28th Street

Suite, Apt. #, Etc.

City

Lighthouse Point

State

FL

Zip Code

33064

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

Tina C. Schifani

Date

3/30/04

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
Pres.	Tina Schifani	2161 NE 28 th Street	Lighthouse Point FL 33064

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:

Tina C. Schifani

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/30/04

Daytime Phone #

561-7860

2055

CP20081 (01/04)

282

SILO MANAGEMENT, INC.
2161 N.E. 28TH STREET
LIGHTHOUSE POINT, FL 33064

March 30, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

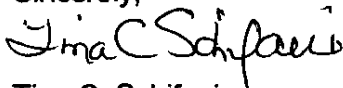
To Whom It May Concern:

I am requesting the reinstatement fees to be waived. I did not receive a reminder notice in the mail and my corporation was formed in 2002. Therefore, 2003 would have been the first year to file. It was just brought to my attention by my accountant that these fees were due. I went to your website to pay online and realized my status was inactive.

I would appreciate any consideration you can give to this matter. I can assure you I will be paying promptly in the future.

I due apologize for any inconvenience I have caused. If you should have any questions, please feel free to call me @ (561) 756-2055.

Sincerely,



Tina C. Schifani
President