H05000292383

APPROVED AND FILED

05 DEC 27 PM 12:04

SECRETARY OF STATE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000033491

1. Corporation Name
SLI HOLDING, INC.

REINSTATEMENT 01-05

2. Principal Office Address	3. Mailing Office Address
255 Alhambra Circle	255 Alhambra Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Gables, Florida	City & State: Coral Gables, Florida
Zip: 33134 Country: USA	Zip: 33134 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 03/27/2002

5. FEI Number: 37-1424457 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Devin G. Buckley

Street Address (P.O. Box Number is Not Acceptable): 255 Alhambra Circle

Suite, Apt. #, Etc.:

City: Coral Gables, Florida State: FL Zip+4/Zip: 33134

8. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: DGB Date: 12/21/05
(REQUIRED AGENT MUST SIGN)

9. Name and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Charles W. Stiefel	255 Alhambra Circle	Coral Gables, Florida 33134
D	Teresita Brunken	255 Alhambra Circle	Coral Gables, Florida 33134
D	Devin G. Buckley	255 Alhambra Circle	Coral Gables, Florida 33134

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., and all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exception 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: Teresita Brunken 12/16/05 305 443-3800
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

H05000292383

K. Eckel DEC 27 2005

SLI HOLDING, INC.
255 Alhambra Circle
Suite 1000
Coral Gables, FL 33134

December 22, 2005

Florida Department of State
Division of Corporations

Re.: Reinstatement of SLI HOLDING, INC.

To Whom it May Concern:

I, Teresita Brunken, a director of SLI HOLDING, INC. (the "Corporation"), hereby certify that the Corporation has not received the notices from the Florida Department of State in connection with the 2004 and 2005 annual reports. Therefore, I hereby kindly request for the $600 reinstatement fee to be waived.

Yours truly,

By: Teresita Brunken
Title: Director

Florida Department of State

Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

SLI HOLDING, INC.

Certificate of Status	1
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$308.75

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