

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 NOV 16 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

002000033491

1. Corporation Name

SLI HOLDING, INC

2. Principal Office Address

255 Alhambra Circle

Suite, Apt. #, etc.

Suite #1000

City & State

Coral Gables, Florida

ZIP

33134

Country

USA

3. Mailing Office Address

255 Alhambra Circle

Suite, Apt. #, etc.

Suite # 1000

City & State

Coral Gables, Florida

ZIP

33134

Country

USA

CR2E081 (12/05)

**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 ☐ **\$8.75 Additional Fee required
for a Certificate of Status**

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.

Suite #1000

City

Coral Gables

State

FL

ZIP Code

33134

900081879179

11/16/06 01072 006 **150.00

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

Date 11/07/2006

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
D	Charles W. Stiefel	255 Alhambra Circle #1000	Coral Gables, FL 33134
D	Todd Stiefel	255 Alhambra Circle #1000	Coral Gables, FL 33134
D	Devin G. Buckley	255 Alhambra Circle #1000	Coral Gables, FL 33134

11/17/06
REINSTATEMENT

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

11/07/2006

Date

305-443-3800

Daytime Phone #

SLI HOLDING, INC

P990202

November 7, 2006

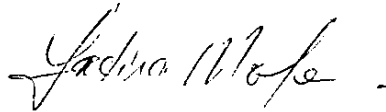
Department of State
Division Of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed please find The Corporate Reinstatement application for SLI HOLDING, INC for the period 2006. Please be advised, the corporation did not receive the annual report notice in the year of dissolution, therefore, we are requesting for the reinstatement fees to be waived.

Please feel free to contact me should you have any questions.

Cordially,



Yadira Morfa
Tax Accountant
(305)443-3800