

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000061659

1. Corporation Name

SILBERHORN'S ENTERPRISES, INC.

Principal Place of Business

Mailing Address

936 INTRACOASTAL DRIVE 8A
FT LAUDERDALE FL 33304-3640

936 INTRACOASTAL DRIVE 8A
FT LAUDERDALE FL 33304-3640



If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/04/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

80-0048043

Not Applicable

Zip
33069-5547

Country

BROWARD

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	SILBERHORN, LARRY	936 INTRACOASTAL DRIVE 8A	FT LAUDERDALE FL 33304
DVS	GARBERSON, GARY	936 INTRACOASTAL DRIVE 8A	FT LAUDERDALE FL 33304
			500023914365 10/17/03--01087--002 **150.00
			500023914365 10/17/03--01087--003 **150.00
			500023914365 10/17/03--01087--004 **8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SILBERHORN, LARRY
936 INTRACOASTAL DRIVE 8A
FT LAUDERDALE FL 33304-3640

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Signature of
Registered Agent

Gary Garberson
REGISTERED AGENT MUST SIGN

Date

10/12/03

(9549703568) plap

11. 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:

Larry Silberhorn - LARRY SILBERHORN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/03
Date

9549703568
Daytime Phone #

CR2040 (7/03)

2042

INTERIORS BY SILBERHORN

Regarding Document # PO2000061659

For: Silberhorn Enterprises, Inc.

Application for Reinstatement

Please note: The Corporation:

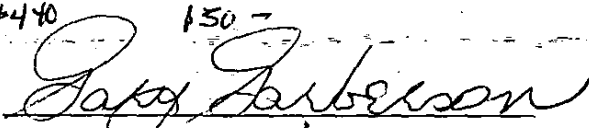
Silberhorn Enterprises Inc. never received UBR notices for year end report. During this period we were moving into new office spaces.

Enclosed please find our check #338 for \$150.
~~#440~~ " 150

Please send necessary forms to complete year-end-reports.

Check #338 \$150.
" #339 8.75
" #440 150 -

GARY GARBERTSON
Agent/Officer



LARRY SILBERHORN
Officer

