

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV 25 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P0200007180.0

1. Corporation Name

Silas Group Inc.

000025068890
11/26/03--01029--005 **150.00

2. Principal Office Address

4811 NE SAVANNAH RD

Suite, Apt. #, etc.

City & State

Jensen Beach, FL

Zip

34957

Country

MARTIN

3. Mailing Office Address

P.O. Box 1638

Suite, Apt. #, etc.

City & State

JENSEN BEACH, FL

Zip

34958

Country

MARTIN

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

July 2002

5. FEI Number

03 046 9012

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

PATRICK L. SILAS SR

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

4811 NE SAVANNAH RD

Suite, Apt. #, Etc.

City

Jensen Beach

State
FL

Zip Code

34957

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

Patrick L. Silas

REGISTERED AGENT MUST SIGN

Date

11/19/2003

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
<u>P</u>	<u>PATRICK L. SILAS SR</u>	<u>4811 NE SAVANNAH RD</u>	<u>Jensen Beach, FL 34957</u>
<u>V</u>	<u>PATRICK L. SILAS JR</u>	<u>"</u>	<u>"</u>
<u>V</u>	<u>ADAM B. SILAS</u>	<u>"</u>	<u>"</u>
<u>T</u>	<u>BEATRICE SILAS</u>	<u>"</u>	<u>"</u>
<u>S</u>	<u>PATRICE L. SILAS</u>	<u>"</u>	<u>"</u>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick L. Silas

Date

11/19/2003

Daytime Phone #

772-334-2467

CR2E081 (10/02)

November 19, 2003

RE: Corporate Reinstatement

Katrina
Division of Corporations
409 East Gaines ST.
Tallahassee, FL 32396

Dear Katrina,

Per our phone conversation on Wed. November 19, 2003, I am writing to let you know that I did not receive an application to renew my corporation. I was notified by my Bank that my company was inactive. I have enclosed a payment of \$150.00. Please reinstate my Corporation. All officers are the same.

Sincerely,

A handwritten signature in black ink, appearing to read "Patrick L. Silas Sr.", written in a cursive style.

Patrick L. Silas Sr.
President