

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

PO 2000085650

FILED

04 MAY 12 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 02000085650

1. Corporation Name

Christel Silver, RA.

2. Principal Office Address

278 E Coral Trace Cir

Suite, Apt. #, etc.

City & State

Delray Beach

Zip

33445

Country

Palm Beach

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/07/2002

5. FEI Number

16-1623887

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

Christel Silver

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

278 E Coral Trace Cir

Suite, Apt. #, Etc.

City

Delray Beach

500036214195
05/13/04--01004--004 **608.15

500036214195
05/13/04--01004--005 **150.00

State

FL

Zip Code

33445

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

Christel Silver

REGISTERED AGENT MUST SIGN

Date

4/25/04

DUPLICATE 104
05/12

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
Presdie	Christel Silver	278 E Coral Trace Cir	Delray Beach, FL 33445
			500036214195 05/13/04--01004--003 **35.00
			500036214195 05/24/04--01053--020 **115.00

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 118.07(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:

Christel Silver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/25/04

561-274-8153

Daytime Phone #