2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUN -3 AM 7:31

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06/03/09--01022--003 **300.00

DOCUMENT # P02000127327

1. Entity Name
SILVERWOOD OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
9350 S DIXIE HWY STE 1500 MIAMI, FL 33156	9350 S DIXIE HWY STE 1500 MIAMI, FL 33156

05212009 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2863 Executive Park Drive	2863 Executive Park Drive
Suite, Apt. #, etc.: Suite 105	Suite, Apt. #, etc.: Suite 105
City & State: Weston	City & State: Weston
Zip: 33331 Country: US	Zip: 33331 Country: US

4. FEI Number: 20-1338861 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEGREDO, FRANK J
9350 S DIXIE HWY STE 1500
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name: Joel Friend & Associates, Inc.
Street Address (P.O. Box Number is Not Acceptable): 2863 Executive Park Drive, Ste. #105
City: Weston FL Zip Code: 33331

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: J. Friend 5/21/09
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOEGLER, JONNY 9350 S DIXIE HWY STE 1500 MIAMI, FL 33156	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOEGLER, JONNY 2863 Executive Park Drive, Ste. 105 Weston, FL 33331 ☒ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. Friend 05.21.09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #