

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000012332

**FILED**  
**Mar 24, 2006**  
**Secretary of State**

**Entity Name:** SILLAH ENTERPRISES, INC.

**Current Principal Place of Business:**

8510 N. SHERMAN CIRCLE, #505C  
MIRAMAR, FL 33025

**New Principal Place of Business:**

**Current Mailing Address:**

8510 N. SHERMAN CIRCLE, #505C  
MIRAMAR, FL 33025

**New Mailing Address:**

**FEI Number:** 11-3691333

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SILLAH, ESSA M  
8510 N. SHERMAN CIRCLE, #505C  
MIRAMAR, FL 33025 US

**Name and Address of New Registered Agent:**

ACCOUNTING & TAXES 2000 PLUS, LLC  
16705 NE 19TH AVENUE  
NORTH MIAMI BEACH, FL 33162 US

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.

SIGNATURE: MICHAEL K. NARANJIT

03/24/2006

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: SILLAH, ESSA M  
Address: 8510 N. SHERMAN CIRCLE, #505C  
City-St-Zip: MIRAMAR, FL 33025

Title: VSD ( ) Delete  
Name: JOBE, NDUMBAY  
Address: 8510 N. SHERMAN CIRCLE, #505C  
City-St-Zip: MIRAMAR, FL 33025

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL K. NARANJIT

RA

03/24/2006

Electronic Signature of Signing Officer or Director

Date