

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC -9 PM 4:48

DOCUMENT # P04000135379

1. Entity Name
TEAM SILVER, INC.



Principal Place of Business
10341 RORAL PALM BLVD BAY #16
CORAL SPRINGS, FL 33065

Mailing Address
10341 RORAL PALM BLVD BAY #16
CORAL SPRINGS, FL 33065



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11172005 REIN-P CR2E098 (6/04)

4. FEI Number

20-1729916

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUSKEY, J. DAVID JR.
2850 N ANDREWS AVE
FT LAUDERDALE, FL 33311

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12/03/05

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
SILVER, GARY
8336 NORTHWEST 55 COURT
CORAL SPRINGS, FL 33067 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
900062042689
12/09/05--01039--011 **750.00 ☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP
VSD
SILVER, ADRIENNE
8336 NORTHWEST 55 COURT
CORAL SPRINGS, FL 33067 ☐ Delete

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/03/05

Date

954-340-5256

Daytime Phone #