

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 APR 25 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # POS000036525

1. Corporation Name

SILVER SHACK OF KEY WEST, INC.

2. Principal Office Address - No P.O. Box #

105 FITZPATRICK ST.

Suite, Apt. #, etc.

City & State

KEY WEST, FL

Zip

33040

Country

USA

3. Mailing Office Address

105 FITZPATRICK ST.

Suite, Apt. #, etc.

City & State

KEY WEST, FL

Zip

33040

Country

USA

4. Date incorporated or Qualified
To Do Business in Florida

3/9/2005

5. FEI Number

65-0880763

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

8/ Name and Address of Current Registered Agent

Name

VINOD ALWANI

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

105 FITZPATRICK ST.

Suite, Apt. #, Etc.

City

KEY WEST

State

FL

Zip Code

33040

9/ 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

Vinod Alwani

Date 4-15-2011

REGISTERED AGENT MUST SIGN

10/ 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>S.T. ALWANI</u>	<u>1335 20th TERRACE</u>	<u>KEY WEST, FL 33040</u>
<u>V</u>	<u>DIMPLE THAWANI</u>	<u>1335 20th TERRACE</u>	<u>KEY WEST, FL 33040</u>

REINSTATEMENT

211

10. E-mail Address: SUNDER_ALWANI@YAHOO.COM / VINODKW@YAHOO.COM

(To be used for future annual report notification)

22/ 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

S.T. Alwani / S.T. ALWANI

4.15.11.

305.296.6565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #