


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P0500003937.1	
1. Entity Name SILVER STREAM, INC.	

Principal Place of Business 1520 S. POWERLINE RD, SUITE H DEERFIELD BEACH, FL 33442	Mailing Address 1520 S. POWERLINE RD, SUITE H DEERFIELD BEACH, FL 33442
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2. Principal Place of Business - No P.O. Box # 5401 S. Kinkman Rd Suite, Apt. #, etc. Suite 310 City & State Orlando, Florida Zip 32819 Country USA	3. Mailing Address 5401 S. Kinkman Rd Suite, Apt. #, etc. Suite 310 City & State Orlando, Florida Zip 32819 Country USA
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09302008 REIN-P CR2E098 (1/07)

4. FEI Number 20-2557987	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NOLASCO, WAGNER 2126 DISCOVERY CIRCLE WEST DEERFIELD BEACH, FL 33442
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7. Name and Address of New Registered Agent	
Name NOLASCO WAGNER	
Street Address (P.O. Box Number is Not Acceptable) 9043 Heritage Bay Circle	
City Orlando	FL Zip Code 32836

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 Wagner Nolasco WAGNER NOLASCO President	09/30/08 DATE
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FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOLASCO, WAGNER 2126 DISCOVERY CIRCLE WEST DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGNER NOLASCO 9043 Heritage Bay Circle Orlando, FL 32836 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Wagner Nolasco WAGNER NOLASCO President	09/30/08 Date	305 684-2222 Daytime Phone #
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATE

08 [Signature]