2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUI 1. Entity Nam SILVER S	ıe	# P05000039 INC.	37.1				FILED 08 OCT - 1 PM 4: 03				
Principal Place 1520 S. POW SUITE H DEERFIELD E	VERLINE RD,		Mailing Address 1520 S. POWERLINE RD, SUITE H DEERFIELD BEACH, FL 33442			SECREIARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal Place of Business - No PO Box # 5401 S. Kinkman Tld			3. Mailing Address 5401 S. E;~Eman Nd								
Suite, Apt. #, etc. Suite, Apt. #, etc.			Suite, Apt. #, etc. Suite 310				09302008	REIN-P C	R2E098 (1/07)	•	
City & State			City & State			4. FEI Numb	er	A	pplied For		
Onlando, Florida			onlando, Florida			20-255	7987	N	ot Applicable		
32819	S2819 Country		Zip Coun 32819 C		try シシム 5. Certifica		5. Certificate	e of Status Desired	\$8.75 Ad Fee Require		
<u> </u>	6. Name and Address of Current F			J 0- 0 1 1			7. Name and	1 Address of New Registe	`		
NOLASCO, WAGNER 2126 DISCOVERY CIRCLE WEST DEERFIELD BEACH, FL 33442 Name Nolasco Wagner Street Address (P.O. Box Number is Not Acceptable) 9043 Henitage Bay Cincle City Onland FL Zip Code 3293									de		
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 am familiar with, and accept the obligations of registered agent SIGNATURE C - O - O - O - O - O - O - O - O - O -											
Signature (product product product productive or continued applicable). Signature (product productive or continued applicable). WAGNE Signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00								In accordance with s corporation did not re			
10.		OFFICERS AND I	DIRECTORS	11.		<u> </u>	ADDITIONS	CHANGES TO OFFICERS	AND DIRECTOR	RS IN 11	
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NAME			201010	MALIS					MAO.	Д. ч.	
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12. I hereby certify that the information supplied with this filling 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: O9/30/09 305 684-231											
WAGNEY MOLASCO											
President											