

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P05000086398**

1. Corporation Name

**SILCA COMERCIO INTERNACIONAL INC**

2. Principal Office Address

**8440 NW 61 ST**

Suite, Apt. #, etc.

City & State

**MIAMI FL**

Zip

**33166**

Country

**USA**

3. Mailing Office Address

**8440 NW 61 ST**

Suite, Apt. #, etc.

City & State

**MIAMI FL**

Zip

**33166**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**06-16-2005**

5. FEI Number

**20-3013469**

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**STEVE SILGUERO GONZALEZ**

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

**8650 SW 67 AVE**

Suite, Apt. #, Etc.

**APT 104W**

City

**MIAMI**

State

**FL**

Zip Code

**33156**

8. 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

REGISTERED AGENT MUST SIGN

Date **10-13-2006**

9. 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
PTS	STEVE SILGUERO GONZALES	8601 SW 94 ST APT 206W	MIAMI FL 33156

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10-13-2006**

Date

Daytime Phone #

Miami, October 13, 2006

Florida Department of State  
Division of Corporations  
Secretary of State  
Sue M. Cobb  
Tallahassee, Florida

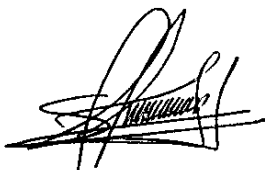
Dear Miss Cobb:

In reference to your Notice of Dissolution or Revocation to  
Silca Comercio Internacional, document #P0500086398, received on October 10<sup>th</sup>  
We have not received previous notification of filing an annual report.  
As we did not know on this matter, we did not take proper action at due time.

Attached is our check for \$150.00 to file our reinstatement.

We will appreciate your understanding on this matter.

Truly yours,

A handwritten signature in black ink, appearing to read 'Steve Silguero', with a stylized flourish underneath.

Steve Silguero,  
President  
Silca Comercio Internacional