

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000144065

1. Corporation Name

**NORWING SILVA CORPORATION**

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

128 S.W. 22 ave.  
Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33135

Country

USA

3. Mailing Office Address

1732 S. Congress Ave.  
Suite, Apt. #, etc.  
Unit 322

City & State

West Palm Beach, FL

Zip

33461

Country

USA

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

Name  
**HONATHAN JOSE NUNEZ**

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

128 S.W. 22 ave.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33135

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

*Honathan Nunez*

REGISTERED AGENT MUST SIGN

Date 11/05/2007

**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
P	HONATHAN JOSE NUNEZ	128 S.W. 22 ave.	Miami, FL 33135
	<i>M. Nunez</i>		

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:

*Honathan Nunez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-5-07

Date

561-236-7104

Daytime Phone #

FILED

07 NOV 20 PM 3:01

CLERK OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT 07**

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

10/21/2005

5. FEI Number

22-3917235

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.