2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000134208

1. Entity Name
SILVERSIDE ENERGY, CORP

Principal Place of Business	Mailing Address
18001 OLD CUTLER RD STE 646 PALMETTO BAY, FL 33157	18001 OLD CUTLER RD STE 646 PALMETTO BAY, FL 33157

11052008   REIN-P   CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number: 56-2616833 | Applied For | Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
YANEZ, JOSE 18001 OLD CUTLER RD STE 646 PALMETTO BAY, FL 33157	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

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.

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CEO	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	YANEZ, JOSE		NAME	300137855113	
STREET ADDRESS	18001 OLD CUTLER RD STE 646		STREET ADDRESS	11/12/08--01043--016 **150.00	
CITY-ST-ZIP	PALMETTO BAY, FL 33157		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MUNIO, EDUARDO		NAME		
STREET ADDRESS	18001 OLD CUTLER RD STE 646		STREET ADDRESS		
CITY-ST-ZIP	PALMETTO BAY, FL 33157		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	YANEZ, EDWIN		NAME		
STREET ADDRESS	18001 OLD CUTLER RD STE 646		STREET ADDRESS		
CITY-ST-ZIP	PALMETTO BAY, FL 33157		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #