

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000083277

Entity Name: SILVER STARFISH, INC.

FILED
Oct 19, 2009
Secretary of State

Current Principal Place of Business:

1019 GARRISON DRIVE
SAINT AUGUSTINE, FL 32092 US

New Principal Place of Business:

10906 THERESA ARBOR DRIVE
TAMPA, FL 33617 US

Current Mailing Address:

1019 GARRISON DRIVE
SAINT AUGUSTINE, FL 32092 US

New Mailing Address:

10906 THERESA ARBOR DRIVE
TAMPA, FL 33617 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIDSON, MARTIN
1019 GARRISON DRIVE
SAINT AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

DAVIDSON, MARTIN
10906 THERESA ARBOR DRIVE
TAMPA, FL 33617 US

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.

SIGNATURE: MARTIN DAVIDSON

10/19/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, D () Delete
Name: DAVIDSON, REBECCA
Address: 1019 GARRISON DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32092 US

Title: S, D () Delete
Name: DAVIDSON, CLAUDIA
Address: 1019 GARRISON DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32092 US

Title: T () Delete
Name: DAVIDSON, CLAUDIA
Address: 1019 GARRISON DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32092 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, D (X) Change () Addition
Name: DAVIDSON, REBECCA
Address: 10906 THERESA ARBOR DRIVE
City-St-Zip: TAMPA, FL 33617 US

Title: S, D (X) Change () Addition
Name: DAVIDSON, CLAUDIA
Address: 10906 THERESA ARBOR DRIVE
City-St-Zip: TAMPA, FL 33617 US

Title: T (X) Change () Addition
Name: DAVIDSON, CLAUDIA
Address: 10906 THERESA ARBOR DRIVE
City-St-Zip: TAMPA, FL 33617 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDIA DAVIDSON

S,D

10/19/2009

Electronic Signature of Signing Officer or Director

Date