

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUN -1 PM 3:48

DOCUMENT # P 93000064498

1. Corporation Name

SILCOR CORPORATION

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

13280 SW 131 STREET

Suite, Apt. #, etc.

109

City & State

MIAMI, FLORIDA

Zip

33186

Country

MIAMI-DADE

3. Mailing Office Address

13280 SW 131 STREET

Suite, Apt. #, etc.

109

City & State

MIAMI, FLORIDA

Zip

33186

Country

MIAMI-DADE

REINSTATEMENT

04-09^{KS}

400155773944

05/11/09--01042--007 **908.75
CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

9/15/1993

5. FEI Number
65-0447655

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
Silvio Cortez

Street Address (P.O. Box Number is Not Acceptable)
13280 SW 131 STREET

Suite, Apt. #, Etc.
109

City
MIAMI, FLORIDA

State
FL

Zip Code
33186

☒ 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.

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 5/6/2009

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
PD	SILVIO CORTEZ	13280 SW 131 STREET. #109	MIAMI, FLORIDA, 33186
VTD	CARMEN E. CORTEZ	13280 SW 131 STREET. #109	MIAMI, FLORIDA, 33186
VSD	JANET W. CORTEZ	13280 SW 131 STREET. #109	MIAMI, FLORIDA, 33186

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

5/6/2009

Date

605 278-9454

Daytime Phone #