PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 APR 24 AM 7:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION RE[illegible] 99-03 USR

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000002348

Corporation Name:

Silton Capital, Inc.

N03000009847

400014911964
03/28/03--01053--023 **300.00

03/17/03 01063 014 $450.00

2. Principal Office Address

Suite, Apt. #, etc.: 3250 NW 30th ST
City & State: Miami, Florida
Zip: 33142 Country: USA

3. Mailing Office Address

Suite, Apt. #, etc.: 16062 NE 196 ST
City & State: NMBch, Florida
Zip: 33179 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0477842 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ Enter Additional Fee(s) (see instructions)

7. Name and Address of Current Registered Agent

Name: Szymon TROJECKI
Street Address (P.O. Box Number is Not Acceptable): 16062 NE 196 ST
Suite, Apt. #, Etc:
City: NM Beach State: FL Zip Code: 33179

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 _____ Date _____
REGISTERED AGENT MUST SIGN

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 |
|---|---|---|---|
| DP | TROJECKI, Szymon | 16062 NE 196 ST | NMiaBch, FL 33179 |

99-03
REINSTATEMENT

10. I certify that I am an officer or director of 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 under section 119.07(3)(i), 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: X _____ 3/25/03 633-8889
Date Daytime Phone #

April 14, 2003

To: Florida Department Of State
Dept. Corporation Reinstatement

From: Szymon Trojecki
Company: Silton Capital, Inc.
Document # P94000002348

To whom it may concern,

I, Mr. Szymon Trojecki certified that I use to have a partner named Mr.Ilya Palinsky who in the best of my knowledge he just inform me that he never received any renewals forms for Silton Capital, Inc. Please be advised that our partnership ends 6 months ago Please I ask for your cooperation to help me in this matter and not to punish me for the mistake I personally did not do.

Please feel free to contact me if you have any final resolution in this matter. I will appreciate your cooperation.

Thank you,

Szymon Trojecki
Silton Capital, Inc. (Pres.)