

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **FILED**

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 APR 24 AM 7:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P940000002348**

Corporation Name

Silton Capital, Inc.

7103000009847

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

3250 NW 30th ST

City & State

Miami, Florida

Zip

33142

Country

USA

Suite, Apt. #, etc.

1602 NE 190 ST

City & State

NMBch, Florida

Zip

33179

Country

USA

400014911964

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

03/17/03 6/06/03 014 \$450.00

4. Date incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0477842

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name **Szymon TROJECKI**

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

1602 NE 190 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 907.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	TROJECKI, Szymon	1602 NE 190 ST	NMBch, FL 33179

99-03

REINSTATEMENT

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 under section 119.07(3)(f), 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**

7/20/02

3/25/03 633-8889

April 14, 2003

To: Florida Department Of State
Dept. Corporation Reinstatement

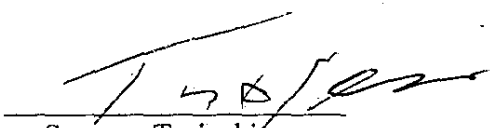
From: Szymon Trojecki
Company: Silton Capital, Inc.
Document #P94000002348

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.)