PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

98 SEP -2 PM 3:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000075296 95-98

1 Corporation Name
SILENCIO, INC.

Principal Place of Business	Mailing Address
849 S.W. 69th AVE. MIAMI, FL 33144	849 S.W. 69th AVE. MIAMI, FL 33144

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2 New Principal Office Address, If Applicable	3 New Mailing Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4 Date Incorporated or Qualified To Do Business in Florida
9-28-94

5 FEI Number
65-0526419
Applied For
Not Applicable

6 CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	AGUSTIN VALERA	849 S.W. 69th AVE.	MIAMI, FL 33144

300002640933--1
-09/16/98--01051--001
****700.00 ****700.00

300002640933--1
-09/16/98--01051--002
*****15.00 *****15.00

8. Name and Address of Current Registered Agent

AGUSTIN VALERA
849 S.W. 69th AVE.
MIAMI, FL 33144

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State FL | Zip Code

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: AGUSTIN VALERA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
98 SEP -2 PM 3:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

FROM: SILENCIO, INC.
849 S.W. 69th AVE.
MIAMI, FL 33144
DOC.# P94000075296

Enclosed you will find the Reinstatement form and payment of $ 715.00 to cover the proper fees. the reason I never recieved my Annual Report form was because I maved my principal and mailing address and therefor never recieved the annual report form. Please accept my payment to bring my corporation back to be active and current. thank you in advance for your prompt attention in this matter that is very important to me.

Truly Yours,