

APPLICATION FOR REINSTATEMENT



DOCUMENT # P94000075296

SILENCIO, INC.

Mailing Address

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

3 New Mailing Address, If Applicable

Suite, Apr 11, etc.

City & State

Country

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Country

9-28-94

65-0526419

Applied For	Not Applicable
☐	☐

6. **CERTIFICATE OF STATUS DESIRED**

**\$8.75 Additional Fee required
for a Certificate of Status**

Name of Officers
and/or Directors

3 (Do NOT Use Post Office Box Numbers)

Street Address of Each
Officer and/or Director
Use Post Office Box No.

City / State / Zip

MIAMI, FL 33144

~~09/16/98--01051--001~~

***700.00 ***700.00

-09/16/98--0105--002

*****15.00 *****15.00

9. Name and Address of New Registered Agent

Name _____

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

Sole, Apr 8, Fic.

City

State	Zip Code
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Signature of
Registered Agent

Date _____

REGISTERED AGENT MUST SIGN

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

Dalo

Daytime Phone # _____

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

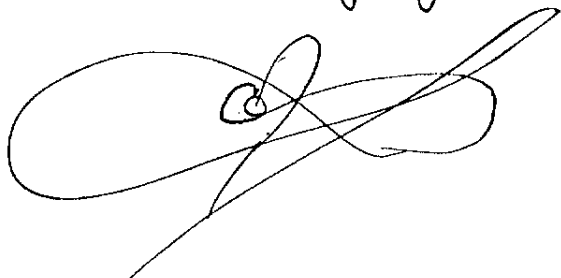
FROM: SILENCIO, INC.
849 S.W. 69th AVE.
MIAMI, FL 33144
DOC.# P94000075296

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

FILED

Enclosed you will find the Reinstatement form and payment of \$715.00 to cover the proper fees. The reason I never received my Annual Report form was because I moved my principal and mailing address and therefor never received 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,

A large, stylized handwritten signature in black ink, featuring a prominent loop and a long, sweeping underline.