

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000005228**

1. Corporation Name

SILL, INC.

Principal Place of Business

888 BRICKELL KEY DRIVE

#2201

MIAMI FL 33131

Mailing Address

888 BRICKELL KEY DRIVE

#2201

MIAMI FL 33131

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 Office Address, If Applicable

Suite, Apt. #, etc.

460 NW 20th St. # 312

City & State

Boca Raton, FL

Zip **33431**

Country

U.S.A.

Suite, Apt. #, etc.

460 NW 20th St. # 312

City & State

Boca Raton, FL

Zip **33431**

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

01/20/1995

5. FEI Number

65-0548988

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	IGNACIO, SYLVIA P	888 BRICKELL KEY DRIVE #2201	MIAMI FL 33131
		460 NW 20th St # 312	Boca Raton, FL 33431

300029951213
03/05/04--01036--011 **300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

IGNACIO, SYLVIA P
888 BRICKELL KEY DRIVE
#2201
MIAMI FL 33131

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

03.01.04

11. 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03.01.04

Daytime Phone #

361.955.8666

FILED

04 MAR -5 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT **03-04**

CR2E040 (7/03)