2007 FOR PROFIT CORPORATION REINSTATEMENT

| | | | -71 | | | | | | | | |
|--|---|------------------------|-------------|--|-------------|----------------------------|---|--------------|---|--------------------------|-------------------------------|
| DOCUMENT # P96000067683 | | | | | | | | term () () | | | |
| 1. Entity Name SILVER WOLF INVESTMENTS, INC. | | | | | | | | | | | |
| OLEVER WOLF WATER TO, MO. | | | | | | | 07 3 | JAN - 8 | 3 PH 4:31 | | |
| Principal Place of Business | | | | Mailing Address | | | | | | | |
| 1013 W JEFFERSON ST QUINCY, FL 32351 US | | | | 1013 W JEFFERSON ST Quincy, FL 32351 US | | | TALL | AHAS | SEE FLORIDA | | |
| | | | Ì | 4 | | | 15664 | | r i Bris Gritti Gutta Adrila Adrila Adrila | E ØSIN FRANK MINDE INING | i ningga ni roga |
| 2. Principal Place of Business | | | 3. | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | RI | TINSTA | TEM | HNT |
| Suite, Apr. #, etc. | | | | Suite, Apr. #, etc. | | | 010 | 082007 | REIN P | RZE098 (11/05 | 10-0° |
| City & State | | | | City & State | | | 1 | El Numbo | | | Applied For Not Applicable |
| Zip | Country | | | Zip . | | ıtry | | | of Status Desired | ≯ \$8.75 A | dditional |
| | 6. Name and Address of Current | | rent Regis | Registered Agent | | | L | | Address of New Regis | Fee Requirered Agent | red |
| | | | | | | | | | | | |
| FLETCHER, ROBERT 1013 W JEFFERSON ST | | | | St | | | t Address (P.O. Box Number is Not Acceptable) | | | | |
| QUINCY, I | FL 32351 | | | | | | | | | | |
| | | | | | | City | | | | FL Zip Co | de |
| 8. The above | named entity | submits this stateme | ent for the | purpose of changing its | register | ed office or re | egistered age | ent, or bot | th, in the State of Florida. | | n, and accept |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | |
| estimated these as his isonate on inflatione adout an original advisory where advisory and internal inflational and inflational and internal inflational and inflation | | | | | | | | | | | |
| FII | LE NOW!!! | FEE IS \$300.0 | 0 | | | | | | In accordance with s corporation did not r | | |
| 10. | | OFFICERS . | AND DIRE | CTORS | 11. | | ADI | DITIONS/ | CHANGES TO OFFICER | S AND DIRECTO | RS IN 11 |
| TITLE | P | D BOBERT | | ☐ Delete | TITL | I . | | | | ☐ Change | Addition |
| NAME STREET ADDRESS | FLETCHER, ROBERT SS 1013 W JEFFERSON ST | | | | nan Stri | EET ADDRESS | | | | | |
| CITY-ST-ZIP | QUINCY, | FL 32351 | · | - | -ST-ZIP | | | | | | |
| TITLE NAME | ST FLETCHE | R, MICHAEL | | ☐ Delete | TITL | I . | | 00 | 0008409 /07010030 | 3850 | Addition |
| STREET ADDRESS | 1013 W JEFFERSON ST | | | | | EET ADDRESS | 1 | 01/12 | /07010030 | 18 **308 | 1.75 |
| CITY-ST-ZIP | | | | | | -ST-ZIP | <u> </u> | | | ☐ Change | Addition |
| NAME | | | | L Detate | TITL NAM | I . | | | | Change | |
| STREET ADDRESS CITY-ST-ZIP | | | | | | EET ADDRESS '- ST - ZIP | | | | | |
| TITLE | | | | ☐ Delete | TITL | E | | | | ☐ Change | ☐ Addition |
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| CITY-ST-ZIP | | | | | 1 | '-ST-ZIP | | | | | |
| TITLE | | | | ☐ Delete | T‡TL NAM | I . | | | | ☐ Change | ☐ Addition |
| NAME STREET ADDRESS | | | | | | EET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | F-1 | _ | -ST-ZIP | | | | | |
| TITLE NAME | | | | ☐ Delete | TITL NAM | | | | | ☐ Change | Addition |
| STREET ADDRESS | | | | | | EET ADDRESS | | | | | |
| 12. hereby | certify that the | e information supplier | d with this | filing does not qualify fo | or the exi | '-\$1-ZIP emptions conf | tained in Ch | apter 119 | , Florida Statutes. I furth | er certify that the | information |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same logal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a faddress, with all other like empowered. | | | | | | | | | | | |
| changed, or on an attachment with agraddress, with arrother like empowered. | | | | | | | | | | | |
| SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Prone # | | | | | | | | | | | <u> </u> |
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9. Mitchell JAN 8 7007