

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JAN 29 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-02/12/02--01049--014
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REINSTATEMENT 99-02

DOCUMENT # P97000002762

1. Corporation Name **Silica Computer, Inc.**

2. Principal Office Address

7420 NW 8 CT

Suite, Apt. #, etc.

3. Mailing Office Address

7420 NW 8 CT

Suite, Apt. #, etc.

City & State

PLANTATION FL

City & State

PLANTATION FL

Zip

Country

33317 U.S.A.

Zip

Country

33317

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

1/10/97

5. FEI Number

65-0722668

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

XAVIER RODRIGUEZ

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

7420 NW 8 CT

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33317

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **01-14-2002**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Xavier Rodriguez	7420 NW 8 CT	PLANTATION FL 33317

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)(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

[Signature] XAVIER RODRIGUEZ

Date

01-14-2002 (954) 578-0016

Daytime Phone #