PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 AUG 18 PM 4:45

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000077832

1. Corporation Name

Silver Overseas Corporation

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
305 NE 1ST ST	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Gainesville FL	
Zip / Country	Zip / Country
32601 USA	

CR2E081 (6/10)

4. Date Incorporated or Qualified To Do Business in Florida 09/05/2004

5. FEI Number 593470181 ☐ 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: Yvette Lisa Colon Heron Esq

Street Address (P.O. Box Number is Not Acceptable): One East Broward Blvd

Suite, Apt. #, Etc: 620

City: Fort Lauderdale | State: FL | Zip Code: 33301

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8. 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: X _____ (REGISTERED AGENT MUST SIGN) Date: 8/6/10

9. 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,D	Ian Murray	305 NE 1ST ST	Gainesville FL 32601
			B. 8/18/10
	REINSTATEMENT 04-10		

10. E-mail Address: lcheron@smithcurrie.com
(To be used for future annual report notification)

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. I further certify, 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: Ian Murray 7/26/2010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #