

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000043435**
1. Corporation Name
SILVER NEEDLE INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
37 OCT 29 AM 11:40

2. Principal Office Address - No P.O. Box # 1971 NW 55 AVENUE		3. Mailing Office Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MARGATE, FL		City & State	
Zip 33063	Country	Zip	Country

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida 05/12/98	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. FEL Number 65-0852157		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

7. Name and Address of Current Registered Agent		
Name ALAIN RODRIGUE		
Street Address (P.O. Box Number is Not Acceptable) 1971 NW 55 AVENUE		
Suite, Apt. #, Etc.		
City MARGATE	State FL	Zip Code 33063

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *[Signature]* Date **09/30/2007**
REGISTERED AGENT MUST SIGN

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
DPS	ALAIN RODRIGUE	4040 CRYSTAL LAKE DRIVE	DEERFIELD BEACH, FL 33064

B 11/1/07

REINSTATEMENT

100112035501
11/06/07--01031--007 **450.00

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 contained in Chapter 119, 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]* **Alain Rodrigue** 09/30/2007 954-972-4384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #