

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P99000026595**

1. Corporation Name

SILVER PRODUCTIONS, INC.

Principal Place of Business

PO BOX 20782
TALLAHASSEE FL 32316

Mailing Address

PO BOX 20782
TALLAHASSEE FL 32316

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/23/1999

5. FEI Number

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)

| 1 | 2 | 3 | 4 |
|----------|--------------------------------------|---|-----------------------|
| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
| P | Joel Silver | 1618 Kay Ave | Tallahassee, FL 32316 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

000003506330-4
-12/19/2000-01095-005
****158.75 ****158.75

DD 11/20/00 78

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SILVER, RONALD A
12000 BISCAYNE BLVD
SUITE 410
NORTH MIAMI FL 33180

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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.

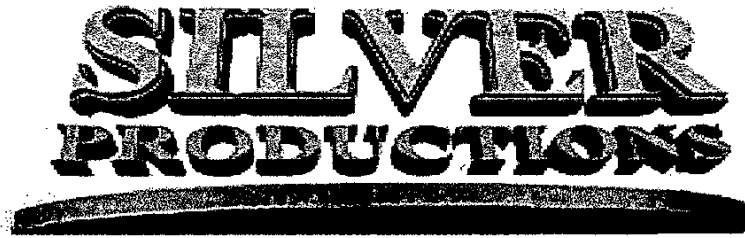
SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/20/00 850-897-5006



②
P49600626595

To Whom It May Concern:

As requested, I am writing this letter to request that the Division of Corporations waive the late fee assessed to Silver Productions for failure to properly renew our corporate status.

I am unaware if the problem was an external or an internal one, but the proper renewal notices did not pass by my desk and as head of a first year corporation, I was not aware of my requirements.

Please allow us to waive this fee and renew our corporate status to its active state.

Sincerely,

A handwritten signature in cursive script that reads "Joel Silver".

Joel Silver
President