PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000036970

REINSTATEMENT 00-01

1. Corporation Name
THE SILVER PALATE, INC.

2. Principal Office Address	3. Mailing Office Address
350 E. Norvell Bryant	350 E Norvell Bryant Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hernando FL	City & State: Hernando, FL.
Zip: 34442 Country: USA	Zip: 34442 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: April 20,1999

5. FEI Number: 36-4291488 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED: X

7. Name and Address of Current Registered Agent

Name: Wilma Encabo - Estivill

Street Address (P.O. Box Number is Not Acceptable): 350 E. Norvell Bryant Hwy.

Suite, Apt. #, Etc.:

City: Hernando State: FL Zip Code: 34442

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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: Wilma Estivill Date: 7-31-2001
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
Pres	Wilma Encabo - Estivill	350 E. Norvell Bryant	Hernando FL 34442
Sec	Wilma Encabo - Estivill	350 E. Norvell Bryant	Hernando FL 34442
Dir.	Wilma Encabo - Estivill	350 E. Norvell Bryant	Hernando FL 34442

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: Wilma Estivill WILMA ENCABO ESTIVILL 7-31-2001 (352) 746-4990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #