

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT -1 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000036970

1. Corporation Name

THE SILVER PALATE, INC.

2. Principal Office Address

350 NORVELL BRYANT HWY

3. Mailing Office Address

350-N. 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

04/20/1999

5. FEI Number

364291488

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

WILMA ENCABO ESTIVILL

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

79 N. SPEND-A-BUCK

Suite, Apt. #, Etc.

INVERNESS, FLORIDA

City

INVERNESS, FLORIDA

State

FL

Zip Code

34452

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]

REGISTERED AGENT MUST SIGN

Date

9/27/04

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
RD	WILMA ENCABO	8 JUDY LANE	SCOTCH PLAINS
	ESTIVILL	(SCOTCH PLAINS)	NJ - 07076
		(NJ - 07076)	

400041537364
10/01/04--01057--003 **300.00

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 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 ENCABO ESTIVILL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/27/04

Daytime Phone #

Florida Department OF State
Secretary Of State
Division OF Corporations

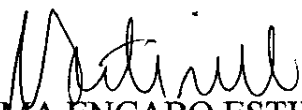
To Whom it may concern,

I would like to ask your kind office for the reinstatement of my corporation .

I was not aware that it wasn't filed last year. I have a change of the managerial position last year. I did not think she received the mail for filing last year and also this year . I am also the President of the other corporation which started last year and I did not received one this year either. As a President I would have not neglected it if it was brought to my attention at that time and I promised that this thing won't happened again.

I am very sorry for the much unintentional delay of the filing. I hope for your kind understanding and attention of this matter.

Respectfully Yours,


WILMA ENCABO ESTIVILL