PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUN 10 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01-03 UBR

DOCUMENT # P99000060293

1. Corporation Name
SILVIO HALFON ENTERPRISES, INC.

2. Principal Office Address	3. Mailing Office Address
12 KEY WEST DRIVE	12 KEY WEST DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LEESBURG, FL	City & State: LEESBURG, FL
Zip: 34788 Country:	Zip: 34788 Country:

4. Date Incorporated or Qualified To Do Business in Florida: July 19, 1999

5. FEI Number: 65-0942853 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for Certified Copy

7. Name and Address of Current Registered Agent

Name: GRAZIA HALFON
Street Address (P.O. Box Number is Not Acceptable): 16445 COLLINS AVENUE
Suite, Apt. #, Etc.: PH 25
City: MIAMI BEACH State: FL Zip Code: 33160

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: Grazia Halfon (REGISTERED AGENT MUST SIGN) Date: 6/9/03

CR2E054 (10/02)

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	GRAZIA HALFON	16445 COLLINS AVE PH 25	MIAMI BEACH, FL 33160

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: Grazia Halfon GRAZIA HALFON 6/9/03 (305) 949-9163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #