

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000076758

1. Corporation Name

SILVERCOACH, INC.

Principal Place of Business

2222 PONCE DE LEON BLVD. SUITE 200  
CORAL GABLES FL 33134

Mailing Address

2222 PONCE DE LEON BLVD. SUITE 200  
CORAL GABLES FL 33134

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

4441 SW 62 CT.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

4441 SW 62 CT

Suite, Apt. #, etc.

City & State  
MIAMI, FLORIDA

City & State  
MIAMI, FL.

Zip  
33155

Country  
USA

Zip  
33155

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/24/1999

5. FEI Number

651051249

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	SILVERSTEIN, PAUL	2222 PONCE DE LEON BLVD, SUITE 2	CORAL GABLES FL 33134

000004733140--0  
-12/19/01--01057--021  
\*\*\*\*758.75 \*\*\*\*758.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

SILVERSTEIN, PAUL  
2222 PONCE DE LEON BLVD, SUITE 200  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

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  
REGISTERED AGENT MUST SIGN

Date

10/15/01

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 #

10/15/01 (305) 446-2108

CR2E040 (8/01)