

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 FEB 25 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT

847545

1. Corporation Name

Silver Knight Insurance, Inc.
9087 Taft Street
Pembroke Pines, FL 33021

REINSTATEMENT 03-04

02/13/04--01053--002 **155.00

2. Principal Office Address

9087 Taft Street

3. Mailing Office Address

9087 Taft Street

Suite/Apt. #, etc.

Suite/Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip

33024

Country

USA

Zip

33024

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 04/24/915. FEI Number
65-0261033Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Kenneth J. BermanStreet Address (P.O. Box Number is Not Acceptable)
9087 Taft Street

Suite, Apt. #, Etc.

City
Pembroke Pines, FLState
FLZip Code
33024

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

REGISTERED AGENT MUST SIGN

Date

2/3/04

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
PD	Kenneth J Berman	9087 Taft Street	Pembroke Pines, FL 33024
ST	Janet H. Berman	9087 Taft Street	Pembroke Pines, FL 33024

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/3/04 9544361808

Daytime Phone #

CR2E081 (02/04)