

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **V37249**

1. Corporation Name

**SILVER STREAKS INC.**

Principal Place of Business

Mailing Address

528 16TH STREET  
 WEST PALM BEACH FL 33407  
 US

P.O. BOX 1120  
 PALM BEACH FL 33480

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

**05/19/1992**

5. FEI Number

**65-0336099**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	POSVAR, KRISTI	P.O. BOX 1120 N/A	PALM BEACH FL 33480

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 -12/03/01--01047--024  
 \*\*\*1050.00 \*\*\*1050.00

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

POSVAR, KRISTI  
 528 16TH ST  
 WEST-PALM BEACH FL 33407

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State Zip Code  
**FL**

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**

Date

**8/24/01**

REGISTERED AGENT MUST SIGN

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 #

**KRISTI POSVAR**

**8/24/01**

**8389040**

FILED

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SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



REINSTATEMENT

99-01

CR2E040 (8/99)