

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 OCT 12 AM 10:44

DOCUMENT # 524647

1. Corporation Name

E. W. SIVER AND ASSOCIATES, INC.

Principal Place of Business

Mailing Address

9400 FOURTH ST. N.
 P.O. BOX 21343
 ST. PETERSBURG FL 33702

9400 FOURTH ST. N.
 P.O. BOX 21343
 ST. PETERSBURG FL 33702

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

01/28/1977

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1712226

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

7000004649487-1

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City, State, Zip
RD	SIVER, EDWARD W	9400 4TH ST N	ST PETERSBURG, FL 00000
PD	MARSHALL, JAMES JR	9400 4TH ST N	ST PETERSBURG, FL 00000
D	SIVER, ROBERT I	114 GIRALDA BLVD. N.E.	ST PETERSBURG, FL 00000
CS VT50	ERICKSON, GEORGE W	9400- 4TH STREET NORTH #119	SAINT PETERSBURG FL 33702
V	SADLER, BRENDA	9400 4TH STREET NORTH	SAINT PETERSBURG, FL 33702

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EDWARD W SIVER
 9400 4TH ST N #119
 P O BOX 21343 (ZIP 33742)
 ST PETERSBURG FL 33702

Name: **GEORGE W. ERICKSON**
 Street Address (P.O. Box Number is Not Acceptable): **9400 4TH STREET NORTH**
 Suite, Apt. #, Etc.: **#119**
 City: **ST. PETERSBURG**

State: **FL** Zip Code: **33702**

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.

33702

Signature of Registered Agent

[Handwritten Signature]
 REGISTERED AGENT MUST SIGN

Date: 10-11-01

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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-11-01
 Date

727-577-2780
 Daytime Phone #

CR2E040 (8/01)