

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE
 APPLICATION FOR **98-99**
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 99 APR -9 AM 11:50
 SEATTLE, WASHINGTON
 TALLAHASSEE, FLORIDA

DOCUMENT # **631516**
 1. Corporation Name
SILVESTRI CORPORATION

Principal Place of Business Mailing Address
449 NE 24 ST SAME
MIAMI FL 33137

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
 Suite, Apt. #, etc. State, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **8-1-79**
 5. FEI Number **59-1973693** 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	GIOVANNI SILVESTRI	449 NE 24 ST MIAMI	FL 33137
Sec/Tr.	CARMELA SILVESTRI	449 NE 24 ST MIAMI	FL 33137

98-9902 4/12

8. Name and Address of Current Registered Agent
CARMELA SILVESTRI
449 NE 24 ST
MIAMI FL 33137

9. Name and Address of New Registered Agent
 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]* REGISTERED AGENT MUST SIGN Date **4-5-99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No **1998 PAID** (See other side for information on intangible tax)

12. 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]* **CARMELA SILVESTRI** Date **4-5-99** Daytime Phone # **305-576-8686**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CPRE08112 98

CARMELA SILVESTRI
449 NORTHEAST 24TH STREET
MIAMI FLORIDA 33137

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Phone 305-576-8686

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APRIL 7 1999

FLORIDA DEPT OF STATE
DIVISION OF CORPORATION
P.O. BOX 6327
TALAHASSEE, FL. 32314

ATT MR TYRON SCOTT

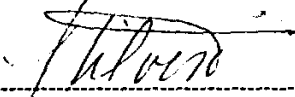
DEAR SIR ,

DUE TO MY HUSBAND DEATH AND MY ILLNESS (I AM 73 YEARS OLD) I DID NOT
FILE FOR CORPORATION REPORT FOR 1998 FOR:

SILVESTRI CORPORATION
E.I.N NUMBER 59 1973693
INCORPORATED 1979

PLEASE NOTE THAT CORPORATIONS REPORTS WERE PAID FROM 79 TO 1998 EVERY
YEAR. FOR THE ABOVE REASON I RESPECTFULLY REQUEST TO BE WAIVED THE
PENALTY AND I AM ENCLOSING CK FOR \$ 308.75 FOR 1998/1999 AND CERTIFICATE OF
STATUS. AND THE REINSTATEMENT FORM.

SINCERELY AND THANKFULLY YOURS



CARMELA SILVESTR
SECRETARY- TREASURER