PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR [redacted] 98-99

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

FILED
99 APR -9 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 631516

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-04/15/99--01092--021
****308.75 ****308.75

1. Corporation Name
SILVESTRI CORPORATION

Principal Place of Business
449 NE 24 ST
MIAMI FL 33137

Mailing Address
SAME

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc
City & State
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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES	GIOVANNI SILVESTRI	449 NE 24 ST MIAMI	FL 33137
SEC/TR.	CARMELA SILVESTRI	449 NE 24 ST MIAMI	FL 33137

TB 98-99 AR2 4/12

8. Name and Address of Current Registered Agent
CARMELA SILVESTRI
449 N.E 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 FL | Zip Code

CR2E081 (12/98)

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-5-99
Daytime Phone #: 305-576-8686

CARMELA SILVESTRI

449 NORTHEAST 24TH STREET

MIAMI FLORIDA 33137

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