

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

1997 FEB 11 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 833424

1. Corporation Name

SILCO CORPORATION

Principal Place of Business

Mailing Address

800 Oak St. Suite 103
Winnetka, IL 60093

800 Oak St. Suite 103
Winnetka, IL 60093

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 11/27/1974	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 36-2689619	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	Charles J. Fanaro, Jr.	800 Oak St. Suite 103	Winnetka, IL 60093
D	Charles J. Fanaro, Jr.	800 Oak St. Suite 103	Winnetka, IL 60093
D	Kenneth J. Fanaro	824 Foxdale	Winnetka, IL 60093
			400002085954--8
			-02/12/97--01127--008
			***1080.00 ***1080.00
REINSTATEMENT			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

John V. Cannon, III
~~1550 Ringling Boulevard~~
~~Sarasota, FL 34230~~

Name

Street Address (P.O. Box Number is Not Acceptable)

200 S. Orange Ave.

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34236

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

John V. Cannon, III REGISTERED AGENT MUST SIGN

Date 2-10-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles J. Fanaro, Jr., Director

Date

2/5/97

Daytime Phone #

847-441-6088

CP2E040 (12/96)