

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT 13 AM 9:57

DOCUMENT # **K29978**

1. Corporation Name

**SILVESTRE PROPERTIES, INC.**

Principal Place of Business

Mailing Address

2455 E SUNRISE BLVD 300  
FT LAUDERDALE FL 33304  
US

2455 E SUNRISE BLVD 300  
FT LAUDERDALE FL 33304  
US

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

07/27/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0071040

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	BERGER, DELVI	2455 E SUNRISE BLVD #300	FORT LAUDERDALE FL
VPS	BERGER, IARA M. R.	2455 E SUNRISE BLVD #300	FT. LAUDERDALE FL

600023751496  
10/13/03--01073--007 \*\$150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DELVI BERGER  
2455 E. SUNRISE BLVD 300  
FT. LAUDERDALE FL 33304

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/9/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/9/03

Daytime Phone #

CR2E040 (7/03)

2/2

9 of October, 2003

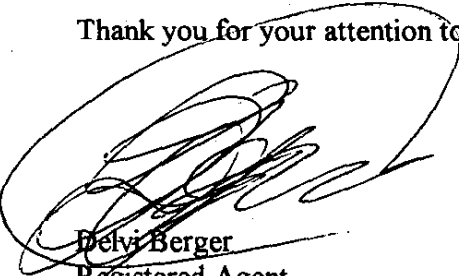
Sirs.

Re.: Silvestre Properties, Inc.  
Document # K 29978

This is to inform you that we did not receive the UBR to register our company on time; perhaps this was due to the numerous tenants in this building.

Due to this we are enclosing our check for \$ 150.00, which represents the normal fee without any penalty.

Thank you for your attention to this matter.



Delvi Berger  
Registered Agent  
Silvestre Properties, Inc.  
2455 E. Sunrise Blvd.  
Suite # 300  
Fort Lauderdale, Fl. 33304