

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

page 1 of 2

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

DOCUMENT # P00000044389

1. Corporation Name

SILVA & JAEI INSURANCE AGENCY, INC.

Principal Place of Business

Mailing Address

811 N. STATE ROAD SEVENT  
HOLLYWOOD FL 33020

811 N. STATE ROAD SEVENT  
HOLLYWOOD FL 33020

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/03/2000

5. FEI Number

65-1004158

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 3	City / State / Zip 4
PD	SILVA, ANGEL L	300 SW 67 CT	MIAMI FL 33044
VSD	ORTOLA, JAEI	1335 W. 41 STREET	HIALEAH FL 33012

400004672914--7

-11/08/01--01070--006

\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SILVA, ANGEL L  
300 SW 67 COURT  
MIAMI FL 33044

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.

Signature of  
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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

Oct. 19, 2001

Date

Daytime Phone #

CR2E040 (8/01)

Page 2 of 2

SILVA & JAEI INSURANCE AGENCY, INC.  
811 No. STATE ROAD SEVEN  
HOLLYWOOD, FLORIDA 33020

October 19, 2001

Florida Department of State  
Division of Corporation  
Reinstatement Section  
P.O. Box 6327  
Tallahassee, Florida 32314-6327

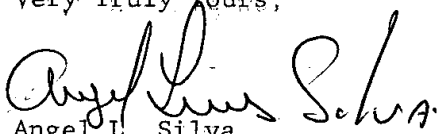
Re: 2001 Uniform Business Report  
Document # P 00000044389

To Whom It May Concern:

Please be advised that the reason for this report being late is due to the reason that we did not received any prior, notice as to the renewal of the Uniform Business Report, however on Tuesday 9th of October we received this notice which we are remitting to your office with our check in the amount of One hundred Fifty dollars ( \$ 150.00 ) fee as per your employee conversation with me on this day.

- Thanking you in advance for your prompt attention to this matter.

Very Truly Yours,

  
Angel L. Silva  
President

ALS/jc