

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 15 PM 5:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000044389

1. Corporation Name

SILVA & JAEI INSURANCE AGENCY, INC

Principal Place of Business

811 N. STATE ROAD SEVENT
HOLLYWOOD FL 33020

Mailing Address

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

500 WEST 45th PLACE

Suite, Apt. #, etc.

City & State

HIALEAH, FLORIDA 33012

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	SILVA, ANGEL L	300 SW 67 CT -- 500 W. 45th PLACE	MIAMI FL 33044 HIALEAH, FL. 33012
VSD	ORTOLA, JAEI	1335 W. 41 STREET	HIALEAH FL 33012

900009019689
11/15/02--01031--005 **150.00

8. Name and Address of Current Registered Agent

SILVA, ANGEL L
300 SW 67 COURT
MIAMI FL 33044

500 WEST 45th PLACE
HIALEH, FLORIDA 33012

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

CR2E040 (8/02)

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/06/2002

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

ANGEL L. SILVA
PRESIDENT

11/06/2002

Date

Daytime Phone #

SILVA & JAEI INSURANCE AGENCY, INC.
811 No. STATE ROAD SEVEN
HOLLYWOOD, FLORIDA 33020
954 965 6940

August 1, 2002

COPY

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

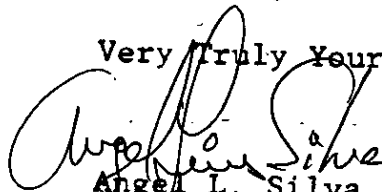
Re: 2002 Uniform Business Report
Document No. P 00000044389

To Whom It May Concern:

Please be advised that we have not received the renewal form for the current year renewal , We are enclosing our check No. 1540 in the amount of One Hundred Fifty (\$ 150.00) dollars and no cents for the renewal of the corporation license please sent us a copy of the renewal certificate. also I would like to request that we get next year renewal by certify mail to avoid lost report this is the Second year that we do not get our notice for the renewal certificate.

Thanking you in advance for your cooperation in this matter.

Very Truly Yours,


Angel L. Silva
President

ALS/jc