

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

03 OCT 17 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000063018

1. Corporation Name

SILVESTER-CAUSEY INSURANCE GROUP, INC.

Principal Place of Business

Mailing Address

1800 FOREST HILL BV
B9
WEST PALM BEACH FL 33406

2595 NATURES WAY
PALM BEACH GARDENS FL 33410

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

06/28/2000

5. FEI Number

65-1019975

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
D	SILVESTER, STEVEN E	2595 NATURES WAY	PALM BEACH GARDENS FL 33410

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SILVESTER, STEVEN E
2595 NATURES WAY
PALM BEACH GARDENS FL 33410

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

10/15/13

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

Steven E. Silvester 1-561-967.

Date

Daytime Phone # 9700

CR2E040 (7/03)



**Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327**

10/15/2003

To Whom it may concern,

On October 15, 2003, I received a notice of Administrative Dissolution from the Division of Corporations. Per my conversation with Tom who I called at 1-850-245-6059 yesterday, two notices were mailed to my address at 2595 Natures Way, Palm Beach Gardens, FL 33410 in January and June. I did not receive either notice to pay \$150 and submit my annual report. In the past, when I receive the notice I renew online (see attached from last year) I do not know why I did not receive the notices this year.

As per my conversation with your representative Tom yesterday, please find enclosed the application for reinstatement along with a check for \$150. Also, to avoid further problems in the future, please change my mailing address to my office location at 1800 Forest Hill Blvd Suite B-9, WPB, FL 33406. I can be reached at 561-718-4645 if necessary.

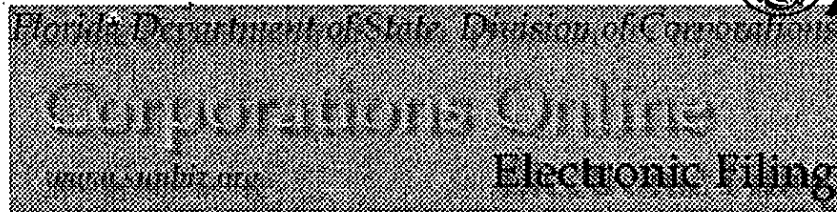
Thank you for your assistance in this matter.

Sincerely,

**Steven Silvester
Silvester-Causey Insurance Group, Inc**

**Allstate.**

You're in good hands.

**Online Payment System**

PAYMENT RECEIPT	
Transaction Amount:	\$150.00
Email Address:	SSILVEST@AOL.COM
Date/Time Paid:	03/20/2002 13:30:29
Payment ID Number:	380763
Reference Number:	500005137055
<p>Thank you for using the LINK 2 GOV Online Payment System. Print this receipt for your records.</p> <p>You MUST select continue in order to receive your CONFIRMATION from the State.</p>	

Continue