

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000107416

1. Corporation Name

ALVESILVA OF AMERICA, INC.

Principal Place of Business

4009 N. CYPRESS DRIVE
SUITE 204
POMPANO BEACH FL 33069

Mailing Address

4009 N. CYPRESS DRIVE
SUITE 204
POMPANO BEACH FL 33069

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

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

11/17/2000

5. FEI Number

65-1057650
80-0049845

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
CEDP	SALICETTI, VIRILIO J	5751 N.UNIVERSITY DRIVE	TAMARAC FL 33321
DVS	CORRIE, RICARDO E	5751 N.UNIVERSITY DRIVE	TAMARAC FL 33321

5000008901995
11/12/02--01031--004 **750.00

8. Name and Address of Current Registered Agent

SALICETTI, VIRILIO J.
5751 N.UNIVERSITY DRIVE
TAMARAC FL 33321

9. Name and Address of New Registered Agent

Name

Virgilio J Salicetti

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

4009 N. Cypress Dr. Suite 204

Suite, Apt. #, Etc.

Ste. 204

City

Pompano Beach

State
FL

Zip Code

33069

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 10/31/02

11. I certify that I am an officer or director of 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/31/02

CR2E040 (8/02)