

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 NOV -3 PM 1:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000074971**

1. Corporation Name

**BRASILVA SERVICES, INC.**

Principal Place of Business

823 SE 9TH ST.  
DEERFIELD BEACH FL 33441

Mailing Address

823 SE 9TH ST.  
DEERFIELD BEACH FL 33441

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

4. Date Incorporated or Qualified  
To Do Business in Florida

07/08/2002

5. FEI Number

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	DA SILVA, JOAO A	823 SE 9TH ST.	DEERFIELD BEACH FL 33441

900024391579

11/03/03--01108--024 \*\$150.00

8. Name and Address of Current Registered Agent

DA SILVA, JOAO A  
823 SE 9TH ST.  
DEERFIELD BEACH FL 33441

9. Name and Address of New Registered Agent

Name

MARCOS REZENDE

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

822 SE 9TH ST - PALM PLAZA

Suite, Apt. #, Etc.

City

DEERFIELD BEACH

State

FL

Zip Code

33441

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]*  
REGISTERED AGENT MUST SIGN

Date 10/31/03

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

10/31/03

Daytime Phone #

354 4274770

CR2E040 (7/03)

# BRASILVA SERVICES, INC.

823 SE 9<sup>th</sup> ST - DEERFIELD BEACH, FL 33441

10/31/2003

FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood - Secretary of State  
DIVISION OF CORPORATIONS  
P.O. BOX 1500  
Tallahassee, Fl 32302-1500

RE: REINSTATEMENT OF BRASILVA SERVICES, INC. - P02000074971

Dear Ms. Glenda E. Hood;

I would like to clarify that I never received any bill nor notice from this Department regarding 2003 UBR. I am sorry for lacking the knowledge this is an annual bill that I have to file even if I do not receive a bill from you.

I am hereby requesting that you REINSTATE my company, I am attaching the reinstatement form duly signed plus a check for 2003 annual fee according to the instructions we received from this department.

Sincerely;



Joao A. Silva  
President