

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 APR 23 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000070431

1. Corporation Name

SILVA & SONS GROUP, INC.

400125398924
04/24/08--01003--015 **450.00

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box # 6437 DAWSON ST Suite, Apt. #, etc.		3. Mailing Office Address 6437 DAWSON ST Suite, Apt. #, etc.	
City & State HOLLYWOOD, FL		City & State HOLLYWOOD, FL	
Zip 33023	Country USA	Zip 33023	Country USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 04-29-2004

5. FEI Number 861104539 ☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
MARIA L SILVA

Street Address (P.O. Box Number is Not Acceptable)
6437 DAWSON ST

Suite, Apt. #, Etc.

City
HOLLYWOOD

State
FL

Zip Code
33023

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

M. Silva

REGISTERED AGENT MUST SIGN

Date 4/16/08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MARIA L SILVA	6437 DAWSON ST	HOLLYWOOD, FL 33023
VP	MARIA L SILVA	6437 DAWSON ST	HOLLYWOOD, FL 33023
S	MARIA L SILVA	6437 DAWSON ST	HOLLYWOOD, FL 33023
T	MARIA L SILVA	6437 DAWSON ST	HOLLYWOOD, FL 33023

REINSTATEMENT 06-08

10. 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 contained in Chapter 119, 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

Maria L Silva

4/16/08

Date

305-948-7276

Daytime Phone #