

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
99 FEB 16 AM 9:08
STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000026560

1. Corporation Name
SILVIA AND SONS, INC.

Mailing Address: 6220 East 4th Avenue, Hialeah Florida 33013
Principal Place of Business: 1104-A West Okeechobee Road, Hialeah Florida 33010

REINSTATEMENT 05-991

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Mailing Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

3. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/05/1993

5. FEI Number: 65-0367395
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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	CRISTINO C. LINARES	6220 East 4th Avenue	Hialeah Florida 33010
DST	SILVIA LINARES	6220 East 4th Avenue	Hialeah Florida 33010
			300002780959 -02/19/99-01074-010 ***700.00 ***700.00
			300002780959 -02/19/99-01074-011 ***650.00 ***650.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CRISTINO C. LINARES
6220 East 4th Avenue
Hialeah Florida 33013

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.

Signature of Registered Agent: *CRISTINO C. LINARES* CRISTINO C. LINARES Date: 01/28/1999
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *CRISTINO C. LINARES* CRISTINO C. LINARES 1/28/1999 305-362-9139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #