

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV -4 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000031368

1. Corporation Name

SILVA GIGLIO, INC.

Principal Place of Business

70 ABACO DR
PALM SPRINGS FL 33461

Mailing Address

70 ABACO DR
PALM SPRINGS FL 33461

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

04/21/1995

5. FEI Number

65-0575826

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Name's 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
P	WILMAN SILVA	70 ABACO DRIVE	Palm Springs, FL 33461
			500001998435--5
			-11/07/96--01013--005
			***375.00 ***375.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J. SPIEGEL
343 ALMERIA AVE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

WILMAN SILVA

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

70 ABACO DRIVE

Suite, Apt. #, Etc.

City

Palm Springs

State

FL

Zip Code

33461

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

SILVA GIGLIO, INC. SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date Oct 31-96

11. 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.)

12. 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)(f), 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:

WILMAN SILVA PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-10-96 (56) 960-5912
Date Daytime Phone