

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P96000100957

1. Corporation Name

Silva Publications, Inc.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

236 Valencia Avenue

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

236 Valencia Avenue

Suite, Apt. #, etc.

City & State

Coral Gables FL

Zip 33134

Country

USA

City & State

Coral Gables FL

Zip 33134

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

12/13/96

SP

5. FEI Number

65-0956 048

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
D	Orlando E. Silva, MD	236 Valencia Avenue	Coral Gables, FL 33134

900003070389--4
-12/15/99--01054--007
****900.00 ****900.00

8. Name and Address of Current Registered Agent

Orlando E. Silva, M.D.
2665 South Bayshore Dr., Ste 601
Miami, FL 33133

9. Name and Address of New Registered Agent

Name Orlando E. Silva, M.D.
Street Address (P.O. Box Number is Not Acceptable)
236 Valencia Avenue
Suite, Apt. #, Etc.

City Coral Gables

State FL

Zip Code 33134

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/21/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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)(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

[Signature]

10/21/99

Date

Daytime Phone #

(305) 445-0011

CR25040 (1/98)