

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

APPLICATION

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

98 DEC -8 PM 4: 32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000096448

1. Corporation Name

FAMILY MEDICINE SPECIALISTS, P.A.

Principal Place of Business Mailing Address

The Center For Family Medicine  
2027 WESTBOURNE DRIVE  
OVIEDO FL 32765  
7359 Curry Ford Road  
Orlando, FL 32822

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



2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

11/07/1997

Suite, Apt. #, etc.  
7359 Curry Ford Road  
City & State  
Orlando, Florida  
Zip  
32822  
Country  
USA

Suite, Apt. #, etc.  
2027 Westbourne Dr  
City & State  
Orlando, FL  
Zip  
32765  
Country

5. FEI Number

59-3478452

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$3.75 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D.	CRUZ, HUMBERTO JR.	2027 WESTBOURNE DRIVE	OVIEDO FL 32765
P	CRUZ, Humberto JR.	2027 Westbourne Drive	OVIEDO, FL 32765
T	CRUZ, Humberto JR	2027 Westbourne Drive	OVIEDO, FL 32765
S	CRUZ, Humberto JR	2027 Westbourne Drive	OVIEDO, FL 32765
V	CRUZ, Humberto JR	2027 Westbourne Drive	OVIEDO, FL 32765
C	CRUZ, Humberto JR	2027 Westbourne Drive	OVIEDO, FL 32765

8. Name and Address of Current Registered Agent

CRUZ, HUMBERTO JR.  
2027 WESTBOURNE DRIVE  
OVIEDO FL 32765

9. Name and Address of New Registered Agent

Name  
CRUZ, Humberto JR  
Street Address (P.O. Box Number Is Not Acceptable)  
2027 Westbourne Drive  
Suite, Apt. #, Etc.  
OVIEDO, FL  
City  
OVIEDO, FL  
State  
FL  
Zip Code  
32765

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

Humberto Cruz  
REGISTERED AGENT MUST SIGN

Date

11/16/98

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:

Humberto Cruz, President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/16/98

NOVEMBER 16, 1998

FAMILY MEDICINE SPECIALIST P.A.  
DBA/ THE CENTER FOR FAMILY MEDICINE  
7359 CURRY FORD ROAD  
ORLANDO, FL 32822

SECRETARY OF THE STATE SANDRE B MORTHAM  
FLORIDA DEPT OF STATE / DIVISION OF CORPATIONS  
ANNUAL REPORT/ REINSTATEMENT SECTION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314-6327

TO THE REINSTATEMENT DEPARTMENT:

PLEASE BE ADVISED I RECEIVED A CERTIFICATE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION. AS OF OCTOBER 16, 1998 FAMILY MEDICINE SPECIAL PA HAS BEEN DISSOLVED OR REVOKED. THE REASON WAS DUE TO THE FACT I NEVER PROVIDED THE STATE OF FLORIDA ANNUAL REPORT REQUIRE BY LAW. I WAS VERY SHOCK OF SUCH A NOTICE DUE TO MY ACCOUNT FRANK HOFMEISTER IS MY CPA AND HE DOES ALL OF MY BUSINESS AS A PERSONAL TAXES, FORMS ETC, .

I ESTABLISHED MY FAMILY MEDICINE SPECIALIST PA ON 11-07-1997 ALL DOCUMENTATION AND APPROVAL FEDERAL WAS APPROVED. I ALSO HAVE SEVERAL CERTIFIED MAIL FOR YOUR DEPARTMENT. SUCH AN OVER SIGHT, I CAN NOT BELIEVE THAT OCCUR. MY WIFE MRS CRUZ HANDLES ALL OF MY OFFICE AFFAIRS AND SHE NOR I REMEMBER BEING SENT THIS FORM FOR AN ANNUAL REPORT. I DO APOLOGIZE. I AM A SOLE PHYSICIAN AND BETWEEN 11-07-98 TO 01-01-98 WE HAD AN OVERWHELMING AMOUNT OF THING TO DUE FOR THE OFFICE. AT ANY TIME I RECEIVE CORRESPONDENCE WHETHER FROM STATE OR FEDERAL, WORKMAN COMP, I IMMEDIATELY GIVE THOSE FORMS TO MY CPA TO FILL OUT. UNFORTUNATELY I NEVER RECEIVED THIS FORM IN QUESTION. I HAD MY CPA ( FRANK HOFMESITER 1-407-645-1581 IMMEDIATELY CALL 1-850-487-6059. MY CPA SPOKE WITH A REPRESENTATIVE, IN WHICH STATED EVERYTHING IS UP TO PAR EXCEPT THE ANNUAL REPORT, THEREFORE IT WAS DISSOLVED / REVOKED. MY CPA WENT INTO GREAT LENGTH OVER THIS SITUATION, I FIND MYSELF IN. AFTER EVERYTHING WAS CLARIFY, YOUR REPRESENTATIVE ADVISED MY CPA TO ADVISE ME THAT THE \$ 750.00 REINSTATEMENT FEE WILL BE WAIVED DUE TO THE FACT THAT MY PA DID NOT BECOME ACTIVE IN PRACTICE TILL 01-01-98, MY CPA ADVISED THAT THERE SHOULD BE A NOTE UNDER MY FILE/DOCUMENT # P97000096448, IN REFERENCE TO THIS ISSUE. YOUR OFFICE, HOWEVER DID ADVISE MY CPA TO WRITE A CHECK FOR THE AMOUNT OF \$ 150.00 TO THE SECRETARY OF STATE, SANDRA B MORTHAM.

ONCE PAYMENT IS RECEIVED YOUR OFFICE ADVISED THEY WOULD PROCESS THE PAPERWORK AND PLACE MY P.A. ACTIVE AS SOON AS POSSIBLE.

PAGE 2  
SECRETARY OF STATE  
DIVISION OF CORP, REINSTATEMENT SECTION

ATTACHED YOU WILL SEE CK# 001233 FOR THE AMOUNT OF \$158.75.  
THE ADDITIONAL \$8.75 IS FOR MY NEW ACTIVE CERTIFICATE.

I WOULD LIKE TO TAKE THIS OPPORTUNITY BY THANKING YOU IN  
ADVANCE AND FOR YOUR CONSIDERATION IN THIS MATTER.

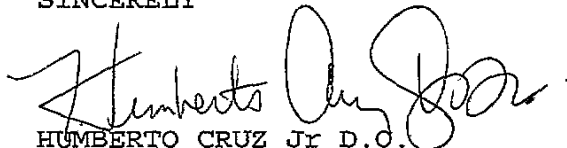
I CAN ASSURE YOU THIS WILL NOT HAPPEN IN THE FUTURE.

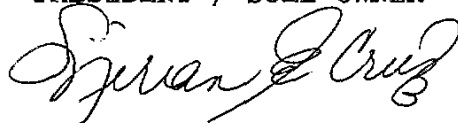
ALSO ATTACHED IS A COPY OF THE APPROVAL OF OUR FEDERAL TAX ID  
#593478452 S-CORP.

SHOULD YOU NEED ANY ADDITIONAL INFORMATION, PLEASE DUE NOT  
HESITATE, I CAN BE REACHED AT MY OFFICE 407-658-0100 OR VIA  
PAGER 407-643-3728. IF FOR SOME REASON YOUR UNABLE TO REACH  
ME THEN PAGE MY WIFE MRS CRUZ 1-407-441-3595. SHE IS THE  
OFFICE MANAGER AT OUR PRACTICE.

ONCE AGAIN, I AM SINCERELY SORRY THAT I DID NOT RECEIVE THAT  
FORM, BECAUSE WE WOULD NOT HAVE TO DEAL WITH ANOTHER PROCESS,  
HOWEVER, ONE DOES NOT HAVE CONTROL OVER THE MAIL, HOWEVER, I  
THANK GOD FOR THIS EXPERIENCE, BECAUSE I KNOW FOR FUTURE  
REFERENCE, THIS WILL NOT HAPPEN.

SINCERELY

  
HUMBERTO CRUZ JR D.O.  
PRESIDENT / SOLE OWNER

  
MIRIAN E. CRUZ  
OFFICE MANAGER / OWNER

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION  
FOR  
REINSTATEMENT**



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

APPROVED  
AND  
FILED

98 DEC -8 PM 4:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **998037**

1. Corporation Name

**SILVEN CORP.**

Principal Place of Business

Mailing Address

**5770 MIDNIGHT PASS RD., 303-C.  
SARASOTA, FLORIDA  
34242**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**C/O L. PAOLI  
209 NASSAU ST. SO.  
SUITE 104  
VENICE, FLORIDA  
34285 USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**DECEMBER 5-91**

5. FEI Number

**65-0309068**

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
<b>PRES.</b>	<b>SILVIO VENCHIARUTTI</b>	<b>5770 MIDNIGHT PASS RD 303-C</b>	<b>SARASOTA, FLORIDA 34242</b>

**000002713120--0  
-12/15/98--01070--022  
\*\*\*\*\*158.75 \*\*\*\*\*158.75**

**12/10**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**SILVIO VENCHIARUTTI  
5770 MIDNIGHT PASS RD.  
303-C  
SARASOTA, FLORIDA  
34242**

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

**FL**

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

REGISTERED AGENT MUST SIGN

Date **DEC 8/98**

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

**PRES**

**DEC 8 / 98 - 1-941-349-2637**

Date

Daytime Phone #

SILVEN CORP.,  
5440 MIDNIGHT PASS RD.,  
303-C  
SARASOTA, FLORIDA 34242  
DECEMBER 8 - 1998

FLORIDA DEPARTMENT OF STATE,  
SANDRA B. MORTHAM,  
SECRETARY OF STATE,  
DIVISION OF CORPORATIONS,  
P.O. BOX 6327,  
TALLAHASSEE, FLORIDA 32314

RE: - CORPORATION NO. 3 98037

DEAR MS. MORTHAM:

THE ABOVE CORPORATION WAS CANCELLED DUE TO NON-PAYMENT  
OF PROFIT CORPORATION FILING FEE.

THIS PAYMENT WAS NOT MADE AS WE DID NOT RECEIVE THE  
ANNUAL REPORT PACKET.

THE INTANGIBLE TAX WAS PAID IN MARCH 1998, AND THE  
ASSUMPTION WAS THAT THE ANNUAL REPORT FILING FEE WAS  
PART OF THIS PAYMENT.

AS PER INSTRUCTION, BY TELEPHONE, BY THE REINSTATEMENT  
DEPARTMENT, ENCLOSED IS MY CHEQUE FOR \$ 158.75, WHICH  
INCLUDES THE CERTIFICATE OF STATUS PAYMENT.

PLEASE EXPEDITE AS SOON AS POSSIBLE.

THANK-YOU,  
YOURS TRULY,  
SILVEN CORP.,

  
SILVIO VENCHIAROTTI

P.S. - PLEASE NOTE NEW MAILING ADDRESS -

L. PAOLI,  
209 NASSAU ST. SO.,  
SUITE 104  
VENICE, FLORIDA 34285