

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

PG. 104C

FILED

00 DEC 29 AM 8:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DOCUMENT # P99000002175

1. Corporation Name

SILVESTER INSURANCE GROUP, INC.

Principal Place of Business

Mailing Address

616 ATLANTIC SHORES BLVD.
SUITE E
HALLANDALE FL 33009

616 ATLANTIC SHORES BLVD.
SUITE E
HALLANDALE FL 33009

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

01/08/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0901757

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PSD	SILVESTER, MICHAEL V	616 ATLANTIC SHORES BLVD. SUITE "E"	HALLANDALE FL 33009

600003526296--7
-01/08/01--01010--006
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAZARUS, DAVID M ESQ.
235 N. UNIVERSITY DRIVE
PEMBROKE PINES FL 33024

Name JOHN A KASBAR & COMPANY
Street Address (P.O. Box Number is Not Acceptable) 3880 SHERIDAN ST
Suite, Apt. #, Etc.
City HOLLYWOOD State FL Zip Code 33021

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 of John A Kasbar Date 12/20/00
REGISTERED AGENT MUST SIGN

11. 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

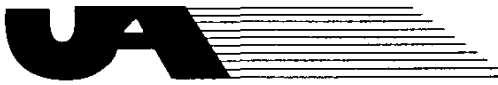
12/20/00

Date

Daytime Phone #

954-454-7700

KE



October 6, 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: SILVESTER INSURANCE GROUP, INC.
2000 PROFIT CORPORATION
ANNUAL REPORT FILING

Dear Sir/Madam:

We are responding to your NOTICE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION on behalf of our above-referenced client.

Please know that SILVESTER INSURANCE GROUP, INC. had not received the Annual Report package to date. This went unnoticed until the receipt of the Notice of Administrative Dissolution or Revocation from the Department of State.

As our client is a first-time filer and is not aware of the Annual Report deadlines, we are requesting that they may have the opportunity of paying the \$150-filing fee. We have enclosed their check #1299 for this amount. The late fee would pose quite a hardship for their new and small business.

We look forward to hearing from you and most gratefully appreciate your kind understanding of this matter.

Most sincerely,

John A. Kasbar

JAK:jmk

Cc: Silvester Insurance Group, Inc.

JOHN A. KASBAR & COMPANY

ACCOUNTANTS - TAX CONSULTANTS - FINANCIAL PLANNERS
3880 SHERIDAN STREET - HOLLYWOOD, FLORIDA 33021
DADE/BROWARD: (954) 983-2990 - TOLL FREE: 1 (800) 330-2990