

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

98 DEC 17 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S72353

1. Corporation Name

GERALD J. SILVERMAN INSURANCE, INC.



Principal Place of Business

7700 N. KENDALL DR.
SUITE 702
MIAMI FL 33156
US

Mailing Address

7700 N. KENDALL DR.
SUITE 702
MIAMI FL 33156
US

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

08/05/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0283699

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)	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		SILVERMAN, GERALD J.		7590 SW 150 ST 1375 SW 142 Terr		MIAMI FL 33158

500002724125-1
-12/29/98-01003-004
***750.00 ***750.00

REINSTATEMENT 9/8/98 12/22/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LICKSTEIN, FRED K.
201 ALHAMBRA CIR
SUITE 1200
CORAL GABLES FL 33134

Name
LICKSTEIN, FRED K
Street Address (P.O. Box Number is Not Acceptable)
100 SE 2ND ST., 17TH FL
Suite, Apt. #, Etc.

City
MIAMI
State
FL
Zip Code
33131

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 12/15/98

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

Date

(305) 270-2424
Daytime Phone #

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APPLICATION
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REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

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DIVISION OF CORPORATIONS

DOCUMENT # P97000097484

1. Corporation Name

FILM RECORDING AND VIDEO INTERNATIONAL INC.

Principal Place of Business

6157 NW 167 STREET STE F-4
MIAMI FL 33015-4318

Mailing Address

6157 NW 167 STREET STE F-4
MIAMI FL 33015-4318

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

4. Date Incorporated or Qualified
To Do Business in Florida

11/14/1997

5. FEI Number

☒ 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
PTD	CUIFFO, STEVE	6157 NW 167 STREET STE F-4	MIAMI FL 33015

REINSTATEMENT

98 TB 12/22/98

100002724121--4
-12/29/98--01003--003
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CUIFFO, STEVE
6157 NW 167 STREET STE F-4
MIAMI FL 33015-4318

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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REGISTERED AGENT MUST SIGN

Date 12-15-98

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SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-15-98

CR2040 (9/98)