

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

4. Date Incorporated or Qualified  
To Do Business in Florida

DECEMBER 5-91

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State  
VENICE, FLORIDA

65-0309068

Not Applicable

Zip

Country

Zip

Country

34285

USA

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
PRES.	SILVIO VENCHIARUTTI	5770 MIDNIGHT PASS RD 303-C	SARASOTA, FLORIDA 34242
			000002713120--0 -12/15/98--01070--022 ****158.75 ****158.75

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

FL

Zip Code

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 #

CR2E040 (1/98)

SILVEN CORP.,  
5770 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. S 98037

DEAR MRS. 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 VENCHIARDOTTI

P.S. - PLEASE NOTE NEW MAILING ADDRESS -

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