

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

**FILED**

96 DEC 18 AM 7:36

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # 599509

1 Corporation Name  
SILVER OAKS MOBILE HOME VILLAGE, INC.

Principal Place of Business Mailing Address  
3020 Southwest 61st Ave  
Fort Lauderdale, FL 33314  
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

**REINSTATEMENT** *aw*  
91-96

2 New Principal Office Address, If Applicable		3 New Mailing Address, If Applicable		4 Date Incorporated or Qualified To Do Business in Florida 1/26/99	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
City & State		City & State		Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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	WALTER H. FORMAN	6525 S. FLAGLER DRIVE	WEST PALM BEACH, FL
SD	JOHN T. LOOS	888 SE 3RD AVE.	FT. LAUDERDALE, FL
DP	Miles Austin Forman	3020 SW. 61st Ave	FT. LAUDERDALE, FL
T	Merrill S. Cohen	501 W. LAKE DASHA DR	Plantation, FL
			900002033599--9 -12/19/96--01035--007 ***1250.00 ***1250.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name Miles Austin Forman	
		Street Address (P.O. Box Number is Not Acceptable) 888 SE 3RD AVE	
		Suite, Apt. #, Etc. Suite 501	
		City FT LAUDERDALE	State FL
		Zip Code 33316	

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 *Miles Austin Forman* Date 12/10/96  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *Miles Austin Forman* MILES AUSTIN FORMAN 12/10/96 (954) 763-9111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/95)