

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 11 AM 11:24

DOCUMENT # N49843

1. Corporation Name

Silver Palms Homeowners
Association, INC.

2. Principal Office Address - No P.O. Box #

10400 SW 24 ST

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 653637

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33165

Country

US

Zip

33265

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

07/10/1992

5. FEI Number

650398371

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Unite Property Management, Inc.

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

11773 SW 34 ST

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33175

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Veronica Abdala

Date 4/9/08

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Calvino Eni	10410 SW 22 ST	Miami, FL 33165
SD	Bello, Pedro A	2166 SW 103 PL	Miami, FL 33165
V	Sanchez, Sergio	10302 SW 23 ST	Miami, FL 33165
		B 4/14/08	REINSTATEMENT 07-08

10. 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 contained in Chapter 119, 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

4/9/08

Daytime Phone #