

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 JAN 29 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004742

1. Corporation Name

Silver Ridge Phase IV Homeowner's
Association, Inc.

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

2755 Border Lake Rd.

Suite, Apt. #, etc.

Suite 101

City & State

Apopka, FL

Zip

32703

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3158358

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

Meridythe Kanaga

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

2755 Border Lake Road

Suite, Apt. #, Etc.

Suite 101

City

Apopka

State

FL

Zip Code

32703

100244144001
01/29/13--01019--003 **482.00

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

Meridythe Kanaga
REGISTERED AGENT MUST SIGN

Date 1/23/13

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, M	DONNA S. GRAY-MUXO	6811 SASSANON COURT ORLANDO, FL 32818	
V	HECTOR N. GARCIA	6902 MISSISSIPPI DR, ORLANDO FL 32818	
S, T	STEPHEN D. EVANS	6506 Spring Glade Court ORLANDO, FL 32818	

10. E-mail Address: MKE@MARKMGMT.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:

Donna S. Gray-Muxo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

23 January
Daytime Phone

407-340-5131