

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.

2 New Principal Office Address, If Applicable

3 New Mailing Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

91-96

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified  
To Do Business in Florida

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	WALTER H. FORMAN	6525 S FLAGLER DRIVE	WEST PALM BEACH, FL
SD	JOHN T. LOOS	8885 E 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

REGISTERED AGENT MUST SIGN

Date 12/10/96

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

Date

12/10/96

Daytime Phone #

763-9111

CR2040 (12/95)