

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

96 NOV -4 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 763195

1. Corporation Name  
SILVER SHORES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address  
MARTIN LOUISE L  
100 11TH COURT  
VERO BEACH FL 32962  
US  
BROOKS BOECKER  
147 E CHURCH ST  
BERGENFIELD NJ 07621  
*same as place of business*

REINSTATEMENT 96 00

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.	05/10/1982
City & State	City & State	5. FEI Number
Zip	Zip	59-2513620
Country	Country	Applied For
		Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>

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
PD	MARTIN, KAY	927 BAHAMAR ROAD	VERO BEACH FL 32963
STD	MARTIN, LOUISE L	100 11TH COURT	VERO BEACH FL 32962
<del>D</del>	<del>ABRACHINSKY, GEORGE</del>	<del>R.D.#2-B40L</del>	<del>BARNESVILLE PA</del>
D	Anthony DeLillo	927 BahiMar Rd.	Vero Beach, FL. 32963
			200002000552--4 -11/08/96--01074--007 ****236.25 ****236.25

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SCHORNER, JAMES A (P.A.) <del>905 BEACHLAND BLVD</del> VERO BEACH FL 32963	Name Street Address (P.O. Box Number is Not Acceptable) 3381 OCEAN DRIVE Suits, Apt. #, Etc. City State FL Zip Code 32963-1680

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: *James A Schorner* REGISTERED AGENT MUST SIGN Date: 10/21/96

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 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: *Louise L. Martin* SIGNATURE REQUIRED Date: 11/1/96 Daytime Phone: 407-562-6667

CR2000 (7/96)