

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 OCT 20 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J62941

1. Corporation Name

BARRY M. SILVER, P.A.

Principal Place of Business

Mailing Address

7777 GLADES RD.
308
BOCA RATON FL 33434-4150
US

7777 GLADES RD.
STE 308
BOCA RATON FL 33434-4150
US

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

03/20/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2803599

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	City / State / Zip
1	2	3	4
DPS	SILVER, BARRY M.	6940 TOWN HABOUR BLVD. APT. #242	BOCA RATON FL 33433

600003448056--0
-11/02/00--01009--002
****150.00 ****150.00

WYBR

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SILVER, BARRY M.
7777 GLADES RD.
STE. #308, CORPORATE CENTER
BOCA RATON FL 33434

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Signature] **REQUIRED**
REGISTERED AGENT MUST SIGN

Date 10/16/00

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., 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:

[Signature] **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/00

Date

Daytime Phone #

CR2E040 (8/00)

Barry M. Silver, P.A.

ATTORNEY AT LAW



BARRY SILVER
(561) 483-6900
(561) 488-4676 FAX

CORPORATE CENTRE
SUITE 308
7777 GLADES ROAD
BOCA RATON, FL 33434-4195

October 16, 2000

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Application For Reinstatement

Dear Sir/Madam:

Please find my Application for Reinstatement along with my check in the amount of \$150.00. I made a phone call to your office to let you know that I have not receive any prior renewal forms. This is the first form I have received. Please therefore accept my check in the amount of \$150.00 for renewal of this corporation.

Sincerely,


Barry M. Silver, Esq.

BMS/cm