

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

99 DEC 17 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K49433**

1. Corporation Name

Silver Moves, Inc.

Principal Place of Business

415 Pasadena Ave. South
St. Petersburg, FL 33707

Mailing Address

5770 Roosevelt Blvd., Suite 700
Clearwater, FL 33760

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT **99**

2. New Principal Office Address, If Applicable n/a	3. New Mailing Office Address, If Applicable n/a	4. Date Incorporated or Qualified To Do Business in Florida 1980
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 65-0087682
City & State	City & State	Applied For Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>SR 701 A (Reinstatement required for a Certificate of Status)</small>

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
Pres.	Susan J. Carmichael	NuMED Home Health Care, Inc. 5770 Roosevelt Blvd., #700	Clearwater, FL 33760
Chrm.	Thomas V. Chema	Arter & Hadden 1100 Huntington Building	Cleveland, OH 44115
Dir.	Richard M. Osborne	OsAir, Inc. 8500 Station Street, #100	Mentor, OH 44060
Dir.	J. Michael Gorman	Harmony Laboratories, Inc. 1109 South Main Street	Landis, NC 27615
Dir.	Thomas J. Smith	Liberty Self-Stor 8500 Station Street, #100	Mentor, OH 44060
Dir.	Jugal K. Taneja	Innovative Health Products, Inc. 6950 Bryan Dairy Road	Largo, FL 33777

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CT Corporation 1200 South Pine Island Road Plantation, FL 33324	Name N/A Street Address (P.O. Box Number is Not Acceptable) 000003078788--3 Suite, Apt. #, Etc. -12/23/99--01007--013 City 758 75 State FL Zip Code 758 75

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 **Connie Bryan** **CONNIE BRYAN** SPECIAL ASSISTANT SECRETARY Date **12/17/99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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: **Susan J. Carmichael** President **11/23/99** Date **727-524-3227** Daytime Phone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR