

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

①

96 DEC -5 PM 4:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K91459**

1. Corporation Name

**SILVER SPRINGS ACRES, INC.**

**1996 ANNUAL REPORT**

Principal Place of Business

Mailing Address

3098 S.E. 95TH STREET  
OCALA FL 34476  
US

P.O. BOX 2407  
BELLEVUE FL 34421  
US

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

2. New Principal Office Address, If Applicable

**3110 SE 95 ST**

3. New Mailing Office Address, If Applicable

**P.O. BOX 2407**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Ocala, FL**

City & State

**Belleview, FL**

Zip

**34480**

Country

**Marion**

Zip

**34421**

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**05/23/1989**

5. FEI Number

**59-2949273**

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)

| 1<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers) | 4<br>City / State / Zip                |
|---------------|-------------------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------|
| PS            | BROWN, JOSEPH C.                          | P.O. BOX 2407 NA<br>3110 SE 95 ST                                                              | BELLEVIEW FL 34421<br>Ocala, FL. 34480 |
|               |                                           |                                                                                                |                                        |
|               |                                           |                                                                                                |                                        |
|               |                                           |                                                                                                |                                        |
|               |                                           |                                                                                                |                                        |
|               |                                           |                                                                                                |                                        |
|               |                                           |                                                                                                |                                        |

800002022578--7  
-12/06/96--01089--005  
\*\*\*225.00 \*\*\*225.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BROWN, JOSEPH C.  
3110 S.E. 95TH ST.  
BELLEVUE FL 34421

Name  
**Joseph C. Brown**  
Street Address (P.O. Box Number is Not Acceptable)  
**3110 SE 95 ST**  
Suite, Apt. #, Etc.

City  
**Ocala, FL** State  
**FL** Zip Code  
**34480**

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

**Joseph C. Brown**  
REGISTERED AGENT MUST SIGN

Date **12/3/96**

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:

**Joseph C. Brown**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12/3/96**  
Date

**352-245-9023**  
Daytime Phone #

CR25040 (7/96)

2

12-03-96

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, Fl. 32314-6327  
Attn: Sandra B Mortham

To whom it may concern:

Per phone conversation on 12-03-96. I was told if I did not receive my annual report

in the mail to please write a letter and send it with my check of 225.00 and the

Reinstatement Fee would be dropped on Silver Springs Acres, Inc. K91459.

Thank you!!

Sincerely,

*Joe C Brown*

Silver Springs Acres, Inc.  
Joe C. Brown  
P.O. Box 2407  
Bellevue, Fl. 34421