

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 SEP 14 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NO 2000002659**

1. Corporation Name

Silos Professional Park Condominium Association, Inc.

6816 Southpoint Parkway
1004 Washington Street

2. Principal Office Address

6816 Southpoint Parkway

3. Mailing Office Address

1004 Washington Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Hollywood, FL

Zip

32216

Country

USA

Zip

33019

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 4/11/02

5. FEI Number

14-1886065

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

Frederick J. Mills

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

Morrison & Mills, PA 1200 West Platt Street

Suite, Apt. #, Etc.

Suite 100

City

Tampa,

State

FL

Zip Code

33606

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

9-10-04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Bruce Robbins	310 Magnolia Street	Atlantic Beach, FL 32233
VD	John McConaughay	101 North Monroe Street Suite 900	Tallahassee, FL 32301
STD	Robert P. Lowry	1004 Washington Street	Hollywood, FL 33019

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/01/04 (954) 520-7817

CR2E081 (01/04)