

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N34772

1. Corporation Name

Silvery Lane Homeowners Association, Inc.

2. Principal Office Address - No P.O. Box #

3553 Silvery Lane

3. Mailing Office Address

3553 Silvery Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32217

Country

U.S.A.

Zip

32217

Country

U.S.A.

7. Name and Address of Current Registered Agent

Name

Jonathan A. Corbin

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

3553 Silvery Lane

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32217

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

Jonathan A. Corbin

REGISTERED AGENT MUST SIGN

Date January 4, 2010

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
P, D	DAN Warner	3644 Silvery Lane	Jacksonville, FL 32217
V, D	Kathy Harris	3636 Silvery Lane	Jacksonville, FL 32217
T, D	Jonathan Corbin	3553 Silvery Lane	Jacksonville, FL 32217
S, D	Melanie Setzer	3620 Silvery Lane	Jacksonville, FL 32217
D	Sue Crenshaw	3540 Silvery Lane	Jacksonville, FL 32217

10. E-mail Address: jcorbine@praxis.com

(To be used for future annual report notification)

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. I further certify, 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: Jonathan A. Corbin, Jonathan A. Corbin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/04/2010
Date

904-614-6551 (c)
904-367-1989
Daytime Phone #

FILED

10 JAN -7 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800165131628
01/07/10--01037--011 **183.75

REINSTATEMENT

CR2E081 (11/09)

RA

4. Date Incorporated or Qualified
To Do Business in Florida

10/18/1989

5. FEI Number

592977060

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.