

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2021 MAY 20 AM 10:37

DOCUMENT # N93000001930

1. Corporation Name

Silver Oaks Condominium
Association, INC

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

75 Vineyards Blvd

Suite, Apt. #, etc.

Third Floor

City & State

Naples FL

Zip

34119

Country

Collier

3. Mailing Office Address

75 Vineyards Blvd

Suite, Apt. #, etc.

Third Floor

City & State

Naples FL

Zip

34119

Country

Collier

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0448995

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Property management Professionals of

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

75 Vineyards Blvd

Suite, Apt. #, Etc

Third Floor

City

Naples

State

FL

Zip Code

34119

Southwest Florida, Inc.

300366761353

05/20/21--01003--007 **236.25

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

D. Walschod

Date 4-28-21

REGISTERED AGENT MUST SIGN

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
<u>D</u>	<u>Dan Ortiz</u>	<u>75 Vineyards Blvd</u>	<u>Naples FL 34119</u>
<u>Tr</u>	<u>Matt Kravitz</u>	<u>" "</u>	<u>" "</u>
<u>P</u>	<u>Al Giordano</u>	<u>" "</u>	<u>" "</u>
<u>S</u>	<u>Nick Strakalis</u>	<u>" "</u>	<u>" "</u>

10. E-mail Address: dena@pmpofswfl.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Al Giordano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-21 239 353 1992

Date

Daytime Phone #

MOORE

AK-47.com file SA name field for phone request / TH 5/19/21

MAY 21 2021