

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUN 25 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N 93000004659**

1. Corporation Name

**SILVERWOOD HOMEOWNERS ASSOCIATION,
INC**

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

3328 SILVERMOON DR

Suite, Apt. #, etc.

3. Mailing Office Address

3328 SILVERMOON DR

Suite, Apt. #, etc.

City & State

PLANT CITY, FL

Zip

33566

Country

USA

City & State

PLANT CITY, FL

Zip

33566

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10-7-93

5. FEI Number

593234049

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

JAMES MCCLURE

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

3323 SILVERMOON DR.

Suite, Apt. #, Etc.

City

PLANT CITY

State

FL

Zip Code

33566

☐ 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.

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

James C. McClure
REGISTERED AGENT MUST SIGN

Date **6/14/2008**

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	BELL JONES	3205 SILVER LAKE CT.	PLANT CITY, FL 33566
V/D	TONY VARNADOE	3324 SILVERMOON DR.	PLANT CITY, FL 33566
T/D	WILLIAM CALDER	3328 SILVERMOON DR.	PLANT CITY, FL 33566
S/D	JAMES HEISTAND	3326 SILVERMOON DR.	PLANT CITY, FL 33566
D	CORBETT EVANS	4010 SILVER SPRING DR	PLANT CITY, FL 33566

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 contained in Chapter 119, 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:

William T. Calder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

813-754-8137

6-10-2008

Daytime Phone #