

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB -5 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800029955308
03/05/04--01030--015 **908.75

DOCUMENT # P02000112922

1. Corporation Name

520 SILVER LANE CORP.

2. Principal Office Address
P.O. BOX 265

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip
33429

Country
PALM BEACH

3. Mailing Office Address
P.O. BOX 265

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip
33429

Country
PALM BEACH

REINSTATEMENT 08-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/21/2002

5. FEI Number
61-1428889

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
SUSIE SISKIND

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

Suite, Apt. #, Etc.

City
BOCA RATON

State
FL

Zip Code
33342

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of
Registered Agent

Susie Siskind for 520 Silver Lane Corp Date *2/4/04*
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
P	RICHARD SISKIND	870 LAKE DRIVE	BOCA RATON, FL 33342
S	SUSIE SISKIND	870 LAKE DRIVE	BOCA RATON, FL 33342

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:

Susie Siskind for 520 Silver Lane Corp Date *2/4/04*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)