

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P29205**

1. Corporation Name

Silver Spring Manor, Inc

2. Principal Office Address

2100 N. Atlantic Ave.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

608

Suite, Apt. #, etc.

City & State

Cocoa Beach, FL

City & State

Zip

32931

Country

Brevard

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/06/1965

5. FEI Number

22-1968915

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

Seymour Baum

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

2100 N. Atlantic Ave.

Suite, Apt. #, Etc.

608

City

Cocoa Beach

State

FL

Zip Code

32931

500067462965

03/09/06--01026--006 \*\*21 5.00

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. 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
PST	Seymour Baum	2100 N. Atlantic Ave. #608	Cocoa Beach, FL 32931
D	Seymour Baum	2100 N. Atlantic Ave. #608	Cocoa Beach, FL 32931

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
06 FEB 24 PM 1:54  
TALLAHASSEE, FLORIDA

REINSTATEMENT

T. Roberts  
CR2E081 (12/05)

PJ 202

Seymour Baum  
2100 N. Atlantic Ave. #608  
Cocoa Beach, FL 32931  
321-784-6244

February 16, 2006

Dept. of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Reinstatement of Corporation  
Silver Springs Manor, Inc.  
FEIN: 22-1968915

To Whom It May Concern:

I am asking for a waiver of the reinstatement fee since I did not receive the annual report notices in the year of dissolution.

I am enclosing a check in the amount of \$1800.00

\$ 2115.00

Sincerely,



Seymour Baum  
President