

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P93000088469

1. Corporation Name

SILVER RUN PROPERTIES, INC

2. Principal Office Address

122 INDIGO COVE PL

Suite, Apt. #, etc.

City & State

MELBOURNE BEACH, FL

Zip

Country

32951

USA

3. Mailing Office Address

122 INDIGO COVE PL

Suite, Apt. #, etc.

City & State

MELBOURNE BEACH, FL

Zip

Country

32951

USA

**REINSTATEMENT** 03-04 *non*

05/03/04 91210 035 \$150.00

08/13/03 90078-026 \$550.00

4. Date Incorporated or Qualified  
To Do Business in Florida

12/19/93

5. FEI Number

54-8646687

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

JOHN P. MCKEEVER

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

500 NE 8TH AVENUE

Suite, Apt. #, Etc.

City

OCALA, FL

State

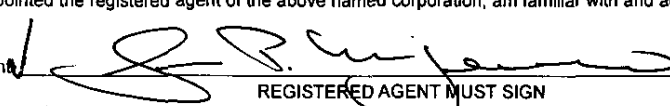
FL

Zip Code

34470

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



Date 6/4/04

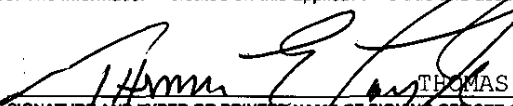
REGISTERED AGENT MUST SIGN

**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
D/P	THOMAS E. CAVANAUGH	122 INDIGO COVE PL	MELBOURNE, BEACH FL 32951
STD	JOHN E. CAMPBELL	122 INDIGO COVE PL	MELBOURNE BEACH, FL 32951

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:**



THOMAS E. CAVANAUGH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

321-431-1827

Daytime Phone #

2052

June 4, 2004

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

RE: Silver Run Properties, Inc  
Ref. Number: P93000088469  
Reinstatement of corporation

To Whom It May Concern:

The enclosed notice regarding the administrative dissolution of the named corporation has been received.

Our CPA contacted your office on June 3, 2004 and has determined that the State received our check for \$550.00 plus an unsigned 2003 For Profit Corporation Annual Report on August 15, 2003. The State retained the check for \$550.00 and mailed the unsigned form back for signature. However, the State used an old address, 8875 Highway A1A, Melbourne, FL. We did not receive the unsigned form.

On September 19, 2003 the State administratively dissolved the corporation since the signed form had not been returned. Our lack of signature on the 2003 report was unintentional and had we received the letter dated August 15, 2003 and the unsigned form, we would have promptly followed through and return the signed form.

Based on these circumstances, we respectfully request waiver and abatement of additional fees to reinstate the corporation.

We have enclosed a completed reinstatement form. ~~The State has two corporation~~ checks which total \$700.00 (\$550.00 for the 2003 report and \$150.00 for the 2004 report).

Please advise if additional information is necessary.

Sincerely,

  
Thomas Cavanaugh, President

Enclosures