

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

97 DEC 31 AM 11:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000017841**

1. Corporation Name

**SILVER CLOUDS OF AMERICA, INC.**

Principal Place of Business

**8953 BAY COVE COURT  
ORLANDO FL 32819**

Mailing Address

**8953 BAY COVE COURT  
ORLANDO FL 32819**



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

**c/o John Miralles  
Suite, Apt. #, etc. Coconut Grove Bank  
2701 South Bayshore Drive**

City & State

**Coconut Grove, FL**

Zip

Country

**33133**

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**03/06/1995**

5. FEI Number

**59-3334703**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	CAMPAGNA, HECTOR	8953 BAY COVE COURT	ORLANDO FL

3000002391273--3

-01/06/98--01074--017

\*\*\*\*750.00 \*\*\*\*750.00

12/12/98

8. Name and Address of Current Registered Agent

**BLUM, SAMUEL S  
2006 TIGERTAIL AVENUE  
SUITE 106  
COCONUT GROVE FL 33133**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*SI*

REGISTERED AGENT MUST SIGN

Date **12/8/97**

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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)(f), 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 #

12/8/97

c/o  
305-854-1885

CR2E040 (8/97)