

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

PG6000029834
S AND L OF VERO Beach, INC.

2. Principal Office Address

2199- 7th Ave

Suite, Apt. #, etc.

City & State

Vero Beach, FL

Zip

32960

Country

Florida Ave

3. Mailing Office Address

2199- 7th Ave

Suite, Apt. #, etc.

City & State

Vero Beach, FL

Zip

32960

Country

Florida Ave

4. Date Incorporated or Qualified
To Do Business in Florida

4/02/1996

5. FEI Number

65-0681737

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

Dennis Silver

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

2199- 7th Ave

Suite, Apt. #, Etc.

City

Vero Beach, FL

State

FL

Zip Code

32960

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

Dennis Silver *Dennis Silver*

Date 12/06/01

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/VP | Dennis Silver | 2199- 7 th Ave | Vero Beach, FL 32960 |
| S/Tr | Patricia Silver | 2199- 7 th Ave | Vero Beach, FL 32960 |
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REINSTATEMENT 01
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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:

Dennis Silver Dennis Silver

12/6/01

Date

561-589-4075

Daytime Phone #