

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 18 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000104391

1. Corporation Name

SILVER BLUFF PROPERTY MANAGEMENT CORPORATION

REINSTATEMENT 2002



000009046980
11/18/02--01046--024 **591.25

Principal Place of Business

4750 S.W. 82ND STREET
MIAMI FL 33143

Mailing Address

4750 S.W. 82ND STREET
MIAMI FL 33143

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/15/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0893169

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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	4 City / State / Zip
DVP	HOFFER, AILEEN	5753 SW 83RD ST	MIAMI FL 33143
DVP	HOFFER, DIANE	4750 SW 82ND ST	MIAMI FL 33143
P/S	HAWLIK, JOSEPH	4750 SW 82ND ST	MIAMI FL 33143

200008627042
10/28/02--01090--017 **158.75

8. Name and Address of Current Registered Agent

HAWLIK, JOSEPH
4750 S.W. 82ND STREET
MIAMI FL 33143

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

CR20040-042320

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/22/02

11. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/02

Date

309-661-0695

Daytime Phone #