

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 28 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P99000028040*

1. Corporation Name

Silver Plaza Maintenance

2. Principal Office Address

4540 Bonanza St

Suite, Apt. #, etc.

none

City & State

Cocoa, FL

Zip

32927

Country

USA

3. Mailing Office Address

4540 Bonanza St

Suite, Apt. #, etc.

none

City & State

Cocoa, FL 32927

Zip

32927

Country

USA

REINSTATEMENT *03*

4. Date Incorporated or Qualified
To Do Business in Florida

3/22/99

5. FEI Number

59-3566325

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

Marie P. Cleary

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

4540 Bonanza St

Suite, Apt. #, Etc.

none

City

Cocoa,

State

FL

Zip Code

32927

600024189156

*10/28/03--01016--006 **150.00*

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

Marie P. Cleary

Date

10/22/2003

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
<i>Pres</i>	<i>Marie P. Cleary</i>	<i>4540 Bonanza St</i>	<i>Cocoa, FL 32927</i>
<i>VP</i>	<i>Brian C. Cleary</i>	<i>4540 Bonanza St</i>	<i>Cocoa, FL 32927</i>
<i>m</i>			

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:

Marie P. Cleary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/2003

Daytime Phone #

CR2E081 (10/02)

SILVER PLAZA MAINTENANCE

4540 BONANZA STREET

COCOA, FL. 32927

Telephone # (321)632-6626

Cell # (321)720-6593

10/22/2003

Division of Corporations

Annual Report / Reinstatement Section

P.O. Box 6327

Tallahassee Fl. 32314-6327

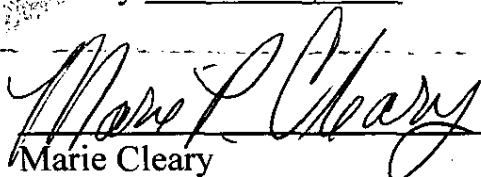
DOCUMENT # P000028040

Reference: Letter of explanation for reinstatement fees.

Dear Sir,

Please consider this request and attached check for reinstatement of **SILVER PLAZA MAINTENANCE CORPORATION** at the regular Annual Report fee of \$150.00. The 2003 UNIFORM BUSINESS REPORT renewal application was not received at the business address of 4540 Bonanza street Cocoa, Florida 32927.

I Marie Cleary, the current Registered Agent and President of Silver Plaza Maintenance Corporation Certify the above information is true and correct this day October 22, 2003


Marie Cleary

date: 10/22/2003