PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

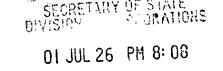
DOCUMENT

P99000029378

1. Corporation Name

THE SILVER RIVER MANAGEMENT CORPORATION

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.



AD

Principal Pla	ice of Busine	ess	Mailing Address								
5000 S.E. 30TH CT. OCALA FL 34480			5000 S.E. 30TH CT. OCALA FL 34480								
If above addresses are incorrect in any way, line through incorrect. New Principal Office Address, If Applicable 3. New Ma				t information and enter correction below.			REINSTATEMENT 00 - 01 4. Date Incorporated or Qualified To Do Business in Florida				
Suite, Apt. #, etc. Suite, Apt.				¥, etc.					04/0	1/1999	
City & State			City B Charles	City & State			5. FEI Number Applied For			Applied For	
			City & State				69-3594704-180403 Not Applicable				
Zip		Country	Zip		Country		6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status				
7. Names ar	nd Street Ad	dresses of Each Officer a	nd/or Director (Flo	rida nonprofit c	corporat	ions must list at lea	st 3 directors)				
Title(s)	Title(s) Name of Officers and/or Directors 2			Street Address of Ea Officer and/or Direct				City / State / Zip			
DP -	DP GUNTER, ANGELA O				5000 S.E. 30TH CT.			OCALA FL 34480			
DST	GUNTER,	5000 S.E. 30TH CT.				OCALA FL 34480					
DP THOMAS GUNTER				5000 S.E. 30TH CT.			2 T.	OCALA FL 34480			
		•					30	<u>)00004</u> -08/21	5474	837	
							:		1/0101U 300.00 *	}/2012 ****900.00	
			•				·				
	e and Address of Curre				9. Name and Address of New Registered Agent						
THOMAS GUNTER							OMAS GUNTER O. Box Number is Not Acceptable)				
5000 S OCALA	T.	5000 S. E. 30TH COURT Suite, Apt. #, Etc.									
201101					ļ	0			·		
						City			FL ;	ip Code 3 4480	
10. I, being a Signature of Registered A		e registered agent of the a	122	1 15 10	18 j. n 13 j. n	h and accept the ob	oligations of Section		LY 23,	2001	
11. I certify th	nat I am an c	officer or director or the recollication, the reason for dis	ceiver or trustee en	npowered to ex eliminated, the	ecute ti	his application as p	rovided for in chap the requirements	pter 607 or 617, F of section 607.04	S. I further cert 01 or 617.0401,	ify that when filing F.S., that all fees	