

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 JUL -1 PM 5:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S53577**

1. Corporation Name

**SILVER STAR OF CENTRAL
FLORIDA INC.**

200006443752--6
-07/16/02--01034--004
***1350.00 ***1350.00

2. Principal Office Address

MUSCATELLOST W. OAK RIDGE

Suite, Apt. #, etc.

2641

City & State

ORLANDO FL

Zip

32837

Country

3. Mailing Office Address

W. OAK RIDGE

Suite, Apt. #, etc.

1717

City & State

ORLANDO FL

Zip

32809

Country

REINSTATEMENT 1998-2002

4. Date Incorporated or Qualified
To Do Business in Florida

05/16/1991

5. FEI Number

59-3137355

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

RYAN CORNELIUS

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

2641 MUSCATELLO ST

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32837

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

Boylan Ryan

REGISTERED AGENT MUST SIGN

Date **06/28/02**

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.D.	CORNELIUS RYAN	2641 MUSCATELLOST	
		ORLANDO FL	32837
V.D.	PAULINE RYAN	2641 MUSCATELLO	
		ORLANDO FL	32837

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:

Boylan Ryan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/28/02

Date

Daytime Phone #

CR2E01 (9/01)