

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 03 MAY 29 PM 3:57

DOCUMENT # 706775

1. Corporation Name

CYPRESS RIDGE APARTMENTS, INC.

2. Principal Office Address

1401 SE 7th Avenue

Suite, Apt. #, etc.

City & State

Pompano Beach, Florida

Zip

33060

Country

USA

3. Mailing Office Address

1401 SE 7th Avenue

Suite, Apt. #, etc.

City & State

Pompano Beach, Florida

Zip

33060

Country

USA

REINSTATEMENT 73-03

4. Date Incorporated or Qualified To Do Business in Florida

January 30, 1964

5. FEI Number

59-169444

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

Patrick B. Giunta, Esq.

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

2189 SE 9th Street

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33062

05/30/03--01067--001 **2015.00
~~300020291569~~
 05/30/03--01067--001 **2015.00

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

Patrick B. Giunta
 REGISTERED AGENT MUST SIGN

Date 5-28-03

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	John Snoderly	1401 SE 7th Ave. #13	Pompano Beach, FL 33060
V	Jake Vissar	1401 SE 7th Ave. #12	Pompano Beach, FL 33060
S/T	Sharon Parrott	1401 SE 7th Ave. #8	Pompano Beach, FL 33060

300020291569
 05/30/03--01067--002 **\$1.75

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:

Sharon Parrott
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/03

Date

Daytime Phone #

CR2E081 (10/02)



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 110734 83049A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : May 29, 2003

ORDER TIME : 11:34 AM

ORDER NO. : 110734-005

CUSTOMER NO: 83049A

CUSTOMER: Susan Roy
Bamman, Giunta, House & Romm,
2189 Southeast 9th Street
Santa Barbara Plaza
Pompano Beach, FL 33062-6701

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

03 MAY 29 PM 1:09

RECEIVED

DOMESTIC FILINGS

NAME: CYPRESS RIDGE APARTMENTS, INC.

*The people spoke with someone at the state
yesterday on the fee amount.*

XX REINSTATEMENT

File it

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EX 1156
EXAMINER'S INITIALS _____