

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 NOV 18 PM 4:51

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT 2003



200024772122
 11/18/03--01004--008 **236.25

DOCUMENT # **747952**

1. Corporation Name

CYPRESS LAKES HOMEOWNERS ASSOCIATION II, INC.

Principal Place of Business

Mailing Address

GEORGE SOCTI
 5201 NICHOLAS DRIVE
 WEST PALM BEACH FL 33417
 US

GEORGE SOCTI
 5201 NICHOLAS DRIVE
 WEST PALM BEACH FL 33417
 US

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

~~DESROCHERS, SIMONE~~

~~DESROCHERS, SIMONE~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5189 MICHAEL DR.

5189 MICHAEL DR.

City & State

City & State

W.P.B. FL

W.P.B. FL

Zip

Country

Zip

Country

33417 US

33417 US

4. Date Incorporated or Qualified To Do Business in Florida

07/03/1979

5. FEI Number

59-2285588

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VD	WEATHERALL, THOMAS	5197 NICHOLAS DR	W. PALM BEACH FL 33417
T	SOLT, GEORGE E DESROCHERS, SIMONE	5201 NICHOLAS DR 5189 MICHAEL DRIVE	WEST PALM BEACH FL 33417
P	KORNHAUSER, FRED	5174 MICHAEL DR	W. PALM BEACH FL 33417
S	WEATHERELL, GLENYS R	5197 NICHOLAS DR	W. PALM BEACH FL 33417
D	SCHNEIDER, ^{MARVIN} MARVIN	5077 ALFRED DR	W. PALM BEACH FL 33417
D	BINDER, BETTY	5180 MICHAEL DR	W. PALM BEACH FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WESTHERELL, GLENYS R
 5197 NICHOLAS DRIVE
 W PALM BCH FL 33417

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Glenys Weatherell
 REGISTERED AGENT MUST SIGN

Date 11-06-03

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:

Fred Kornhauser - FRED KORNHAUSER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/05/03 561-689-2025

CR2E040 (7/03)