

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 OCT 19 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 756521

1. Corporation Name

CYPRESS CREEK VILLAS OF CORAL SPRINGS III CONDO
MINIUM ASSOCIATION, INC.

Principal Place of Business

7667 W SAMPLE RD
STE 289
CORAL SPRINGS FL 33065
US

Mailing Address

7667 W SAMPLE RD
STE 289
CORAL SPRINGS FL 33065
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/25/1981

5. FEI Number

59-2162451

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	HANSEN, WILLIE	7667 W SAMPLE RD, #289	CORAL SPRINGS FL 33065
VSTD	VISILE, VISAN	7667 W SAMPLE RD, #289	CORAL SPRINGS FL 33065
D	MONDELLI, JOSEPH	7667 W SAMPLE RD, #289	CORAL SPRINGS FL 33065

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MONDELLI, JOSEPH-C/O UNI
7891 W SAMPLE RD
CORAL SPRINGS FL 33065

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-13-99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joseph Mondelli

10/13/99

954-344-8900

Cypress Creek Villas III

7667 W. Sample Rd #289
Coral Springs, FL 33065

Phone 954-344-8900
Fax 954-796-2660


October 14, 1999

State of Florida
Division of Corporations
PO Box 6327
Tallahassee, FL 32314-6327

To Whom it May Concern,

As per the request of a state employee, this letter is to inform you that Cypress Creek Villas III, did not receive its Annual Report form for the 1999 calander year. Had we received it, the fees would have immediately be sent to the state, as this is a non-profit corporation, and specific fees are allocated for this purpose. Please accept this renewal fee for the corporation. If you have any questions, please contact us at the above numbers, and address.

Thank You,



Joseph V. Mondelli
Cypress Creek Villas III