

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 25 PM 2:55

DOCUMENT # **764429**

1. Corporation Name  
**CYPRESS LAKES HOMEOWNERS ASSOCIATION VI, INC.**

SECRETARY OF STATE  
400009200394  
11/25/02--01045--002 \*\*236.25

Principal Place of Business

3445 CYPRESS TRAIL  
WEST PALM BEACH FL 33417

Mailing Address

C/O ESTHER M. MEOLA  
3402 THEO WAY  
WEST PALM BEACH FL 33417-1060  
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/05/1982

5. FEI Number

59-2617898

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
P	PASQUALE, MARESCA	5404 GLENDA STREET	WEST PALM BEACH FL 33417
VPD	DELAPE, PAT	3403 THEO WAY	W PALM BEACH FL
SD	MCDONALD, JANICE	5374 GLENDA ST.	WEST PALM BEACH FL 33417
TD	PASQUALE, MARESCA	5404 GLENDA ST	W PALM BCH FL 33417

8. Name and Address of Current Registered Agent

PASQUALE, MARESCA  
5404 GLENDA STREET  
WEST PALM BEACH FL 33417

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

CR2E040 (8/02)

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

*Pasquale Maresca*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

11/19/02

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:

*Pasquale Maresca*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/19/02

Daytime Phone #