

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 JAN 12 AM 8:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400140363434  
01/12/09--01054--006 \*\*236.25

**REINSTATEMENT**

-09

DOCUMENT # N000000004347

1. Corporation Name

Estates at Summer Lake Cypress Springs II  
Homeowners Association, Inc.

2. Principal Office Address - No P.O. Box #

5955 T.G. Lee Blvd

3. Mailing Office Address

5955 T.G. Lee Blvd

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32779

Country

USA

Zip

32779

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

06-27-2000

5. FEI Number  
59-3689945

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$6.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
Leland Management

Street Address (P.O. Box Number is Not Acceptable)  
5955 T.G. Lee Blvd

Suite, Apt. #, Etc.  
Suite 300

City  
Orlando

State  
FL

Zip Code  
32822-4457

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date 01-10-09

REGISTERED AGENT MUST SIGN

**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
SD	Jean Paul Renaud	2963 Summer Swan Drive	Orlando, FL 32825
PD	Steve Distler	2993 Summer Swan Drive	Orlando, FL 32825
TD	Mike Doyle	2819 Summer Swan Drive	Orlando, FL 32825
VPD	Angelo Fialo	2980 Summer Swan Drive	Orlando, FL 32825
D	Michael Ramos	2999 Summer Swan Drive	Orlando, FL 32825

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 contained in Chapter 119, 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

Jean Paul Renaud

Date

1/07/09

Daytime Phone #

407-493-5255

1/13/09