

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

DOCUMENT # **N000000004347**

1. Corporation Name

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

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

REINSTATEMENT

-09

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 *[Signature]* 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]* **Jean Paul Renaud** Date **1/07/09** Daytime Phone # **407-493-5255**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/09