

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FORM
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR -3 AM 8:18

DOCUMENT # N31527

1. Corporation Name
Cypress Woods Lake Maintenance Association, Inc.
6000-6832

Principal Place of Business Mailing Address
c/o Custom Property Management, Inc.
2328 S. Congress Ave.
Suite 2A
West Palm Beach, FL 33406

REINSTATEMENT 98-00

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

2. New Principal Office Address, if Applicable
Same
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Office Address, if Applicable
Same
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
April 5, 1989

5. FEI Number
65-0158671
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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P - D	Scott F. Smith	600 W. Hillsboro Blvd. #101	Deerfield Bch, FL 33441
S - D	Michael D. Golieb	600 W. Hillsboro Blvd. #101	Deerfield Bch, FL 33441
T - D	Walter P. Kapustein	600 W. Hillsboro Blvd. #101	Deerfield Bch, FL 33441

900003212319--3
-04/18/00--01040--001
****367.50 ****367.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name David W. Brown

Street Address (P.O. Box Number is Not Acceptable)
2328 S. Congress Ave.

Suite, Apt. #, Etc.
Suite 2A

City West Palm Bch State FL Zip Code 33406

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 [Signature] REGISTERED AGENT MUST SIGN Date 3/2/00

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: Scott F Smith SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 3/2/00 Daytime Phone # 9544269999

CR2E081 12/98