


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 AUG 15 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 95000000447

1. Corporation Name
The Fountains At Cypress Lakes II Homeowners' Association, INC.
W06 - 35080

2. Principal Office Address
390 TAVERNIER CR
Suite, Apt. #, etc.

3. Mailing Office Address
PO BOX 11634
Suite, Apt. #, etc.

City & State
Oldsmar FL

City & State
Oldsmar FL

Zip
34677 Country
US

Zip
34677 Country
US

REINSTATEMENT 96-06

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida
11/30/1995

5. FEI Number
59-3233527 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Karen A Flanders

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

Suite, Apt. #, Etc.

City
Oldsmar

State
FL

Zip Code
34677

200078990142
08/22/06--01024--008 **848 75

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 7/30/06

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
Pres	<u>DON NITZSCHE</u>	<u>390 TAVERNIER CR.</u>	<u>Oldsmar FL 34677</u>
V.Pres	<u>RISEANN HAMMICK</u>	<u>373 TAVERNIER CR.</u>	<u>Oldsmar FL 34677</u>
Sec	<u>KAREN FLANDERS</u>	<u>346 TAVERNIER DR</u>	<u>Oldsmar FL 34677</u>
Sec.	<u>SHARYN WASILUK</u>	<u>388 TAVERNIER CR.</u>	<u>Oldsmar FL 34677</u>
Treas	<u>LARRY SGAMMATO</u>	<u>369 TAVERNIER CR.</u>	<u>Oldsmar FL 34677</u>

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] Karen A Flanders (Secretary) Date 7/30/06 Daytime Phone # 813 8149113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR