

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

04 AUG 18 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96-04

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **NA5000000699**

1. Corporation Name
Cypress Ridge Center Owners' Association, Inc.

2. Principal Office Address
22 Regina Blvd.

3. Mailing Office Address
same

Suite, Apt. #, etc.

City & State
Beverly Hills, FL

Zip
34465

Country
USA

300040265863
08/18/04--01007--001 **726.25

4. Date Incorporated or Qualified To Do Business in Florida **2/13/95**

5. FEI Number **59-3315131**

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
Carl W. Magyar

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

Suite, Apt. #, Etc.

City
Beverly Hills

State
FL

Zip Code
34465

REINSTATEMENT

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 _____

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
D	Carl W. Magyar	22 Regina Blvd.	Beverly Hills, FL 34465
D	Mardene E. Magyar	22 Regina Blvd.	Beverly Hills, FL 34465
D	Phillip W. Price	753 N. Citrus Ave.	Crystal River, FL 34423

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 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: Carl W. Magyar Date: 8/10/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #: 352-527-8585

CR2E081 (01/04)