

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 21 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N99000000194**

1. Corporation Name

CYPRESS TRACE RECREATION ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4158 LORRAINE AVE.
NAPLES FL 34104

4158 LORRAINE AVE.
NAPLES FL 34104

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

2. New Principal Office Address, If Applicable
10481 SIX MILE CYPRESS PKWY
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
10481 SIX MILE CYPRESS PKWY
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

01/11/1999

City & State
FORT MYERS FL

City & State
FORT MYERS FL

5. FEI Number **65-0894846**

Applied For
Not Applicable

Zip 33912 Country USA

Zip 33912 Country USA

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	4 City / State / Zip
STPD A/D	COOPER, FRANK W. SPECTOR, GAIL	4158 LORRAINE AVE. 10481 SIX MILE CYPRESS PKWY	NAPLES FL 34104 FT. MYERS FL 33912
D VP/D	HARDY, ROBERT S. McMURRAY, DARIN	4500 EXECUTIVE DRIVE #300 10481 SIX MILE CYPRESS PKWY	NAPLES FL 34110 FT. MYERS FL 33912
D S/T/D	BURGESON, RICHARD BUANS, ALAN	4500 EXECUTIVE DRIVE #300 10481 SIX MILE CYPRESS PKWY	NAPLES FL 34110 FT. MYERS FL 33912

800009153738
11/21/02--01089--006 **245.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SIESKY, JAMES H
1000 TAMiami TRAIL NORTH, STE.201
NAPLES FL 34102

Name
SHIELDS CHRISTOPHER J.
Street Address (P.O. Box Number is Not Acceptable)
1833 HENDRY STREET
Suite, Apt. #, Etc.
City
FORT MYERS
State
FL
Zip Code
33902

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/10/02

11. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/11/02

Date

Daytime Phone #