

APPLICATION FOR REINSTATEMENT



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

FILED  
 00 DEC 13 PM 12:20  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # N99000001099

1. Corporation Name  
**STONEWOOD ESTATES AT CYPRESS SPRINGS II HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business	Mailing Address
120 FAIRWAY WOODS BLVD. ORLANDO FL 32824	120 FAIRWAY WOODS BLVD. ORLANDO FL 32824



REINSTATEMENT

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

2. New Principal Office Address, If Applicable Speciality Mgmt Co of Central Florida Suite, Apt. #, etc. 444 W. New England Ave. City & State. Winter Park, FLORIDA Zip 32789 Country USA	3. New Mailing Office Address, If Applicable Speciality Mgmt Co of Central Florida Suite, Apt. #, etc. #B 444 W. New England Ave. City & State. Winter Park, FLORIDA Zip 32789 Country USA
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4. Date Incorporated or Qualified Business in Florida	02/19/1999
5. Fed Number	59-3616766
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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
PD	O'HARA, CHARLES D	120 FAIRWAY WOODS BLVD.	ORLANDO FL 32824
VD	<del>BRINGMAN, COLLEN</del> CANDICE H. HAWKS	120 FAIRWAY WOODS BLVD.	ORLANDO FL 32824
STD	<del>ERSKINE, GINNY E</del> ERSKINE, CYNTHIA L.	120 FAIRWAY WOODS BLVD.	ORLANDO FL 32824
			700003514957--7 -12/28/00--01006--018 ****236.25 ****236.25

8. Name and Address of Current Registered Agent WEISENFELD, JOSEPH J 550 BILTMORE WAY, STE. 1120 CORAL GABLES FL 33134	9. Name and Address of New Registered Agent Name: Thomas D. Malcom Street Address (P.O. Box Number is Not Acceptable): 444 W. New England Ave. Suite, Apt. #, Etc.: Suite B City: Winter Park State: FL Zip Code: 32789
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10. I, being appointed as registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  
 Signature of Registered Agent: Thomas D. Malcom Date: 11/14/00  
 REGISTERED AGENT MUST SIGN

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: Thomas D. Malcom Date: 11/14/00 Daytime Phone #: 407-647-2622  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Thomas D. Malcom

CR2E040 (8/00)