## **APPLICATION** FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT#** N99000001099

1. Corporation Name

## STONEWOOD ESTATES AT CYPRESS SPRINGS II HOMEOWN ERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

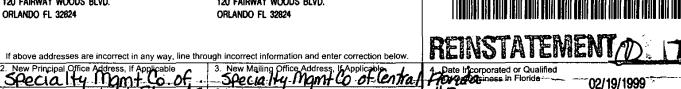
120 FAIRWAY WOODS BLVD.

120 FAIRWAY WOODS BLVD.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



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Suite, Apt. ք <b>ԱՎԿ</b>	" etc central Florida U. New England Ne.	#B Apt. # Mr.	w. New England Ave	5. P. Number		Applied For
City & State	r Park, FLORIDA	City & State	Park, FLORIDA	<u>59-</u>	3616766	Not Applicable
327	Country	Zip 32789	Country USA			lditional Fee required Certificate of Status
7. Names a	and Street Addresses of Each Officer and/o	or Director (Florida r	nonprofit corporations must list at lea	st 3 directors)		
Title(s) 1	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip	
PD	O'HARA, CHARLES D	12	0 FAIRWAY WOODS BLVD.		ORLANDO FL 32824	
VD	BRINGMAN, COLLEN CANDICE H. HAWKS	12	0 FAIRWAY WOODS BLVD.		ORLANDO FL 32824	
STD	ERSKINE, CHOYLE ERSKINE, CYNTHIAL		0 FAIRWAY WOODS BLVD.		ORLANDO FL 32824	
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WEISENFELD, JOSEPH J 550 BILTMORE WAY, STE. 1120 **CORAL GABLES FL 33134** 

8. Name and Address of Current Registered Agent

I, being appointed

Signature of Registered Age

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 filling 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.

andice

Hawks

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