

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

DOCUMENT # N99000003089

1. Corporation Name
CYPRESS SPRINGS VILLAGE S HOMEOWNERS ASSOCIATION INC

2. Principal Office Address 2180 W SR 434 Suite, Apt. #, etc. STE 5000 City & State LONGWOOD FL	3. Mailing Office Address 2180 W SR 434 Suite, Apt. #, etc. STE 5000 City & State LONGWOOD FL
Zip 32779 Country US	Zip 32779 Country US

FILED
01 SEP 10 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida 05/14/1999

5. FEI Number 59-3681519
Applied For Not Applicable

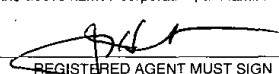
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: JAMES W HART JR
Street Address (P.O. Box Number is Not Acceptable): 2180 W SR 434 STE 5000
Suite, Apt. #, Etc.:
City: LONGWOOD
State: FL Zip Code: 32779

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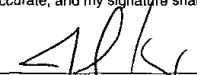
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent:  Date: 9/8/01
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
PD	STEVEN PARKER	151 SOUTHHALL LN STE 200	MAITLAND FL 32751
VPD	MAREK BAKUN	151 SOUTHHALL LN STE 200	MAITLAND FL 32751
STD	JOEL HUEY	151 SOUTHHALL LN STE 200	MAITLAND FL 32751

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)(l), 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:  Date: 9/6/01 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/98)