

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 JAN 17 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800086169738
01/25/07--01005--004 **450.00.

REINSTATEMENT

05-07

CR2E081 (12/05)

DOCUMENT # PA4000075298

1. Corporation Name

Cypress Pointe Mobile Home Park, Inc
1050 SW First Road
Lake Butler, Fla 32054-1451

2. Principal Office Address

1015 SW 1st Road

Suite, Apt. #, etc.

City & State

Lake Butler Fla

Zip
32054

Country

Union

3. Mailing Office Address

1015 SW 1st Road

Suite, Apt. #, etc.

City & State

Lake Butler Fla

Zip

32054

Country

Union

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

Bob Sapp

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

1015 SW First Road

Suite, Apt. #, Etc.

City

Lake Butler

State

FL

Zip Code

32054

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

Bob Sapp

Date 1-16-07

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
<u>Pres</u>	<u>Agnes P. Sapp</u>	<u>1698 Brackett Rd</u>	<u>Tucker, GA 30084</u>

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 contained in Chapter 119, 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:

Agnes P. Sapp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-07

Date

770-939-6690

Daytime Phone #

1/18aw