

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 708213

1. Corporation Name

CYPRESS LAKE EAST #3, INC.

Principal Place of Business

Mailing Address

701 SE 7th Avenue
Pompano Beach, FL 33060

same

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/9/64

5. FEI Number

59-1172820

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	FRANK MONTAGNE	701 SE 7th Ave., #6	Pompano Beach, FL 33060
VP	JOSEPH LI CITRA	701 SE 7th Ave., #15	Pompano Beach, FL 33060
S	GENE MOORE	701 SE 7th Ave., #14	Pompano Beach, FL 33060
T	CHERYL SMITH	701 SE 7th Ave., #1	Pompano Beach, FL 33060
D	CLIVE EGERTON	701 SE 7th Ave., #12	Pompano Beach, FL 33060
D	MIRIAM MCKINLEY	701 SE 7th Ave., #4	Pompano Beach, FL 33060

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JAMES CALDERAZZO
c/o J & L Property Management, Inc.
10191 West Sample Road
Coral Springs, FL 33065

Name

GENE MOORE

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

701 SE 7th Ave., #14

Suite, Apt. #, Etc.

City

Pompano Beach

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. 101.25 *****481.25

Signature of
Registered Agent

Gene Moore
REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

98 MAY -1 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

9498

CR2E040 (1-98)