

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713597

1. Corporation Name

CYPRESS LAKE EAST #4, INC

2. Principal Office Address - No P.O. Box #

711 SE. 7TH AVENUE

3. Mailing Office Address

711 SE. 7TH AVENUE

Suite, Apt. #, etc.

Box # 11

Suite, Apt. #, etc.

Box # 11

City & State

POMPANO BEACH, FL

City & State

POMPANO BEACH, FL

Zip

33060

Country

Zip

33060

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

9/NOV/1967

5. FEI Number

59-1224770

☐ 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

DONALD C. INGRAM

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

711 SE 7TH AVE

Suite, Apt. #, Etc.

APT # 10

City

POMPANO BEACH

State

FL

Zip Code

33060

REINSTATEMENT 10-12

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

Donald C. Ingram

REGISTERED AGENT MUST SIGN

Date 4/11/2012

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 |
|--------|--------------------------------------|---|-------------------------|
| P | PATRICIA ZINN | 711 SE 7TH AV APT 5 | POMPANO BEACH, FL 33060 |
| V | SUSAN LUEDTKE | 711 SE 7TH AV APT 8 | POMPANO BEACH, FL 33060 |
| T | MARY DONOVAN | 711 SE. 7TH AV APT 6 | POMPANO BEACH, FL 33060 |
| S | DONALD INGRAM | 711 SE. 7TH AV APT 10 | POMPANO BEACH, FL 33060 |
| D | NANCY NEWHOUSE | 5 BROAD ST | WILMINGTON, MA 01889 |

10. E-mail Address: DONVERONE@YAHOO.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Donald C. Ingram

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/11/2012 509 273 2843

Daytime Phone #