PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 SEP 10 PM 1:01

300007827943--4
-09/18/02--01034--013
******8.75 ******8.75

300007827943--4
-09/18/02--01034--014
***2012.50 ***2012.50

REINSTATEMENT 74-02

DOCUMENT # 715571

1. Corporation Name

CYPRESS GARDENS CONDOMINIUM, INC.

2. Principal Office Address		**3.** Mailing Office Address	
2219 Polk Street		2219 Polk Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Hollywood, Florida		City & State: Hollywood, Florida	
Zip: 33020	Country: Broward	Zip: 33020	Country: Broward

4. Date Incorporated or Qualified To Do Business in Florida: 11-15-68

5. FEI Number: 59-1285770 ☐ 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: Mark Perlman, P.A.

Street Address (P.O. Box Number is Not Acceptable): 1820 E. Hallandale Beach Boulevard

Suite, Apt. #, Etc.:

City: Hallandale Beach | State: FL | Zip Code: 33009

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: Mark Perlman REGISTERED AGENT MUST SIGN Date: 9/9/2002

CR2E061 (9/00)

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
Pres/D	Kathy McGowan	2219 Polk Street, #3A	Hollywood, FL 33020
VP/D	Michael Punziano	2219 Polk Street, #7B	Hollywood, FL 33020
Secy/D	Heather Solmo	2225 Polk Street, #6A	Hollywood, FL 33020
Treas/D	Mary Horn	2219 Polk Street, #7A	Hollywood, FL 33020
Board/D	Kent Mitchell	2225 Polk Street, #10A	Hollywood, FL 33020

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)(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: Kathryn McGowan Kathryn McGowan 9/9/2002 (954) 966-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #