

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

05 OCT 13 AM 8:27

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 720960

1. Corporation Name

Cypress Creek Village, Inc.

REINSTATEMENT

2. Principal Office Address

5314 Cypress Creek Dr.
Suite, Apt. #, etc.

3. Mailing Office Address

Same
Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32811

Country

Orange

Zip

32811

Country

Orange

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/18/1971

5. FEI Number

59-1439311

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

Norma Jordan

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

5101 Cypress Creek Dr.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32811

09/29/06 01051 026
\$236.25

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**

Norma Jordan

Date

10/10/2006

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
P	Dustin Houck	5330 Cypress Creek Dr.	Orlando, FL 32811
ST	Martin Snipes	5302 Cypress Creek Dr.	Orlando, FL 32811
D	Lorraine Wheeler	5300 Cypress Creek Dr.	Orlando, FL 32811
D	Brian Gladys	5202 Cypress Creek Dr.	Orlando, FL 32811
D	Oscar Reedys	5200 Cypress Creek Dr.	Orlando, FL 32811

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:

MARTIN SNIPES

Date

10/10/2006

Daytime Phone #

2010/18