

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
05 JUL -1 PM 2:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 723865

**1. Corporation Name**

CYPRESS LAKE NO. 2, INC.

**2. Principal Office Address**

1400 SE 7th AVE.

Suite, Apt. #, etc.

APT 1

City & State

POMPANO BEACH, FL

Zip

33060

Country

USA

**3. Mailing Office Address**

1400 SE 7th AVE.

Suite, Apt. #, etc.

APT 1

City & State

POMPANO BEACH, FL

Zip

33060

Country

USA

**REINSTATEMENT** 04-95

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

JUL 11 / 11 5

**5. FEI Number**

36-6112401

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

KAREN VANDER WOUDE

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

1821 HIGH RIDGE ROAD

Suite, Apt. #, Etc.

City

LAKE WORTH

State  
**FL**

Zip Code  
33461

**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

Date **APRIL 18, 2005**

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
PRES	DON VAN	P.O. BOX 1836	POMPANO BEACH, FL 33061
TREA <del>SECRET</del>	BARBARA ROBINSON	1400 SE 7th AVE	POMPANO BEACH, FL 33060
SECT	TIMOTHY BACKSTROM	1400 SE 7th AVE	POMPANO BEACH, FL 33060

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**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:

BARBARA ROBINSON, TREA.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/05

Date

954-895-2229

Daytime Phone #

CR2E081 (01/05)