2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Sep 13, 2007
Secretary of State

DOCUMENT# 723865

Entity Name: CYPRESS LAKE NO. 2, INC.

Current Principal Place of Business:

1400 SE 7TH AVE
APT 2
POMPANO BCH., FL 330609435 US

New Principal Place of Business:

1400 SE 7TH AVE
APT 1
POMPANO BCH., FL 330609435 US

Current Mailing Address:

1400 SE 7TH AVE
APT 2
POMPANO BCH., FL 330609435 US

New Mailing Address:

1400 SE 7TH AVE
APT 1
POMPANO BCH., FL 330609435 US

FEI Number: 36-6112401 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WOUDE, KAREN V
1821 HIGH RIDGE ROAD
LAKE WORTH, FL 33461 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KAREN VANDER WOUDE
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: VAN, DON
Address: P O BOX 1836
City-St-Zip: POMPANO BCH, FL 33061

Title: S ( ) Delete
Name: BACKSTROM, TIMOTHY
Address: 1400 SE 7TH AVE.
City-St-Zip: POMPANO BEACH, FL 33060

Title: T ( ) Delete
Name: ROBINSON, BARBARA
Address: 1400 SE 7 AVE
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA ROBINSON T 09/13/2007
Electronic Signature of Signing Officer or Director — Date