									4				
		PLEAS	E READ A	ALL INST	RUCTI	ONS	BEFORE (COMPLET	ING THIS	FORM.			
APPLICATION FOR REINSTATEMENT				FLORIDA DEPARTMENT OF Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				Fuero I I is co limited in					
DOCUMENT #72645 Corporation Name Caytree, A Condominium, Section FWY Incorporated									SECR TALLA	IL - I AN ETARY OF HASSEE.	STA FLOR	ATE RIDA	
23-17	ace of Busine Sh eo ah S pri ngs	Blvd.	,	Mailing Address Same				5000025831251 -07/08/3801071004 *****358.75 *****358.75 REINSTATEMENT(0-98-					
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, if Applicable 3. New Mail Suite, Apt. #, etc. Suite, Apt. #,						ing Office Address, If Applicable 4. Date Inc. To Do B			orporated or Qualified usiness in Florida 05/24/1973				
City & State City & S					5. F				59-1487470 Applied For				
Zip Country			Zip Country			,	6. S8.75 Additiona			Not Applicable onal Fee require ficate of Status			
7. Names a	and Street Ad	dresses of Ea	nch Officer and/o	r Director (Flo	rida nonprof	it corpora	tions must list at le	ast 3 directors)					
Title(s)	2	of Officers or Directors		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)				City / State / Zip					
res.	James R. Migrana				423-18 Sheoah Blvd.				Winter S	Spr ings,	Fl	32708	
.P. ir.	Howard Stroker				423-9 Sheoah Blvd.				Winter S	prings,	FL	32708	
ec/Treas. Mary Louise Koss					432-17 Sheoah Blvd.				Winter Springs, FL 32708				
ir.	Robert	423-19 Sheoah Bly					Winter S	Springs,	FL	32708			
								-					
	a. Nam	e and Addre	ss of Current R	egistered Age	nt			9. Name and A	Address of New	Registered A			
velyn Coyner (deceased) 25-31 Sh eo ah Blvd.						Name Mary Iouise Koss Street Address (P.O. Box Number is Not Acceptable)							
inter Springs, FL 2708							423-17 Sheoah Blvd. Suite, Apt. #, Etc.						
								Springs		State FL	Zip Co	32708	
IO. 1, being Signature of Registered		registered a	rgent of the above	inamed corpo	ent MUST	amiliar wit	h and accept the c	obligations of Secti	on 607,0505, F.S	6/27/9	8		
			wes or ha al Property				ır Yes □	No 🔀	(1	See other side on intang			

12. Lecrify 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 filling 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:

X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 327-1848 Daytime Phone #