PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 OCT 18 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 759608

1. Corporation Name
Cypress Run Townhomes Condominium Association, Inc.

Principal Place of Business
11670 N.W 20 Drive
3111 University Drive - ste. 601
Coral Springs FL 33071

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 97-99

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

3. New Mailing Office Address, If Applicable
11662 NW 20th DR.
Suite, Apt. #, etc.
CORAL SPRINGS, FL
Zip 33071 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 8/13/1981

5. FEI Number 59-2482901
Applied SP
Not Applicable

6. CERTIFICATE OF STATUS DESIRED X ($8.75 Additional for complete Certified Copy or Certificate of Status)

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRESD D	Jim GARDNER	11662 NW 20th DRIVE	CORAL SPRINGS FL. 33071
TREASURER D	Lis BRUCE SAGE	11676 NW 20th DRIVE	11
VICE D	LISA AMODEO	11670 NW 20th DRIVE	11
SEC D	CYNTHIA JORDAN	11684 NW 20th DRIVE	11
DIRECTOR D	MARCELLE PASTORINO	11690 NW 20th DRIVE	11

210000301921 2-10/20/99-01029-013
****358.75 ****358.75

8. Name and Address of Current Registered Agent
~~Jim Gardner~~ BRUCE SAGE
11676 NW 20th DRIVE
CORAL SPRINGS, FL 33071

9. Name and Address of New Registered Agent
Name Jim GARDNER
Street Address (P.O. Box Number is Not Acceptable) 11662 NW 20th DRIVE
Suite, Apt. #, Etc. N/A
City CORAL SPRINGS State FL Zip Code 33071

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent PRESIDENT Date 10-14-99
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☑ (See other side for information on intangible tax.)

12. 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 complies 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: PRESIDENT 10-14-99 954-489-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Jim GARDNER