PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 NOV -3 AM 11:20

DOCUMENT # 759608

1. Corporation Name

CYPRESS RUN TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11670 NW 20 DRIVE 3111 UNIVERSITY DRIVE. SUITE 601 CORAL SPRINGS FL 33071 US	11670 NW 20 DRIVE 3111 UNIVERSITY DRIVE. SUITE 601 CORAL SPRINGS FL 33071 US

REINSTATEMENT 00

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/13/1981

5. FEI Number: 59-2482901 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a 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	4 City / State / Zip
PD	GARDNER, JIM	11662 N.W. 20TH DRIVE	CORAL SPRINGS FL 33071
TD	~~GAGE, BRUCE~~ SIMEONE ANDERSON	~~11670~~ N.W. 20TH DRIVE 11678	CORAL SPRINGS FL 33071
VD	AMODEO, LISA GUERSLEY GUY MILOLD	~~11670~~ N.W. 20TH DRIVE 11672	CORAL SPRINGS FL 33071
SD	JORDAN, CYNTHIA	11684 N.W. 20TH DRIVE	CORAL SPRINGS FL 33071
D	PASTORINO, MARCELLE	11690 N.W. 20TH DRIVE	CORAL SPRINGS FL 33071

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

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-11/21/00--01091--002
****245.00 ****245.00

CR2E040 (8/00)

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: SIGNATURE REQUIRED — Date: 10-18-00
REGISTERED AGENT MUST SIGN

11. 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: SIGNATURE REQUIRED — 10-18-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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