PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 NOV 17 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H49896

1. Corporation Name

FLORIDA CYPRESS GARDENS, INC.

Principal Place of Business	Mailing Address
2641 S. Lake Summit Dr. Cypress Gardens, FL 33884	P.O. Box 1 Cypress Gardens, FL 33884

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: 4-1-85

5. FEI Number: 59-2515569 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	WILLIAM C. REYNOLDS	259 Hernando Road S.E.	Winter Haven, FL 33884
ST	ROBERT J. KEHOE	716 Logan Lane	Winter Haven, FL 33880
V	DENNIS BROCK	P.O. Box 72 n/a	Cypress Gardens, FL 33884
V	GLENN LABUDA	1605 High Point Ct., S.W.	Winter Haven, FL 33880
V V	SHARON L. CREEDON DEBORAH JONES	235 Nassau Rd. SE 7042 Black Road	Winter Haven, FL 33884 Lake Wales, FL 33884
V	THOMAS TRUPIANO	2107 Jonathan Lane	Winter Haven, FL 33884

8. Name and Address of Current Registered Agent

JOHN L. MANN
105 South Florida Avenue
Lakeland, Florida 33801

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Not Acceptable)

Suite, Apt. #, Etc.

City State Zip Code

REINSTATEMENT 97 11-17-97

900002355 -11/18/97-01058-023 ****150.00 ****150.00

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 ________ REGISTERED AGENT MUST SIGN Date 11/7/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 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] J. Robert Kehoe, Jr. 11/7/97 941-324-2111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #