

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 20 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000003661

1. Corporation Name

CYPRESS PLAZA COMMERCIAL PROPERTY OWNERS ASSOCIATION OF FORT MYERS, INC.

Principal Place of Business

Mailing Address

1016 GRAND ISLE DR
NAPLES FL 34108

1016 GRAND ISLE DR
NAPLES FL 34108



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

08-05-02 90003 034 \$61.25

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

06/07/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3527076

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip Country

Zip Country

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	ROLFES, RICHARD J	1016 GRAND ISLE DR	NAPLES FL 34108
VD	ROLFES, HEIDI J	1016 GRAND ISLE	NAPLES FL 34108
STD	KELLY, JANET	4500 EXECUTIVE AVE	NAPLES FL 34119
STD	Richard J Rolfes Jr	1016 Grand Isle Dr	Naples 34108

8. Name and Address of Current Registered Agent

NAPLES-LAWDOCK, INC.
4501 TAMiami TR.N., STE. 300
NAPLES FL 34103

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/16-02

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/16-02 239 514-1575

CRPE040 (8/02)