PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	Se Se	DEPARTMENT OF STATE ecretary of State on of corporations		MAR -8 PM 12: 59 RETARY OF STATE	
DOCUMENT # N0100001326 1. Corporation Name				AHASSEE FLORIDA	
CYPRESS LOOP VILL	AGE AT HERI'	TAGE SPRINGS, IN	Id		
2. Principal Office Address - No P.O. Box # 3. Mailing Off		ice Address			
40347 US 19 North P O		ox 695		CR2E081 (1/07)	
Suite, Apt. #, etc. Suite, Apt. #, Suite 201		4. Date Incorporated or Qualified To Do Business in Florida 5-17-2001			
City & State City &		5. FEI		Applied For	
Tarpon Springs, F		Tarpon Springs, Fl		741544 Not Applicable	
Zip Country Pinella:	zip 34689	Country Pinellas	G. CERTIFICATE	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name I & J Property Maj Street Address (P.O. Box Number is Not Address (P.O. Box Number is N	State Zip Code	The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
Tarpon Springs	FL 34689				
8. I, being appointed the registered agent	of the above named corpo	ration, am familiar with and accept th	e obligations of section	on 607.0505 or 617.0503, F.S.	
Signature of Registered Agent				Date 3-02-07	
			t least 3 directors)		
9. Names and Street Addresses of Each Officer and/or Director (Flo Titles		Street Address of Each Officer and/or Director		City / State / Zip	
Officers and/or Directors PD Nancy Perry				Trinity, Fl 34655	
				D 1 11 D 24655	
VPD Owen Byrnes		11605 Weaver Park Ct		Trinity, Fl 34655	
TD Bernard Finlay		1106 Sweet Jasmine Dr 04/05/		Trinity, Fl 34655 0701039015 **183.75	
10. 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 contained in Chapter 119, 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: FINALLY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Destine Phone #					

$I\mathcal{E}J$ Property Management, Inc.

P.O. Box 695
Tarpon Springs, Florida 34688--0695
Telephone (727) 942-4755
Fax (727) 934-7000

March 2, 2007

Ms. Marquitta Williams
Department of State
Division of Corporations
P O Box 6327
Tallahassee, Florida 32314

Re: Cypress Loop Village at Heritage Springs, Inc. Reinstatement – Document #N01000001326

Dear Ms Williams:

Enclosed is a reinstatement form for Cypress Loop Village at Heritage Springs, Inc., in addition a check in the amount of \$183.75 for the years 2004, 2005 and 2006.

As previously stated we have never received a notice, when we tried to download a copy is when we noticed that the association was inactive.

Apparently, when Cypress Loop was turned over by the developer, the Annual Report was inactivated, since all the names listed with the State of Florida were not homeowners, but members of the developer, therefore we have not received a notice.

If you wish you can check all the associations that we manage and note we have never been late sending the Annual Reports along with checks.

We are asking that the late fee be waived, since we presently trying presently to correct the situation with the State.

Please feel free to contact me if you have any questions.

Sincerely,

Irene Karagianis, LCAM

Property Manager

Cypress Loop Village at Heritage Springs, Inc.