

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 APR 26 PM 4:14

DOCUMENT # N05000010754

1. Corporation Name

Village at Cypress Walk Community Assn. Inc.

2. Principal Office Address - No P.O. Box #
8776 Cypress Walk Ct.

Suite, Apt. #, etc.

3. Mailing Office Address
Phoenix Mgmt.

Suite, Apt. #, etc.

4800 N. State Rd. 7 #105

City & State

Tamarac, Fl.

City & State

Lauderdale Lakes, Fl.

Zip

33321

Country

USA

Zip

33319

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/18/2005

5. FEI Number
203665500

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

The Frydman Law Group, LLC

Street Address (P.O. Box Number is Not Acceptable)

3389 Sheridan Street

Suite, Apt. #, Etc.

#283

City

Hollywood

State

FL

Zip Code

33021

☒ 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.

8. I, being appointed the registered agent of the above named Corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 4/12/10

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Heather Carman	8776 Cypress Walk Ct.	Tamarac, Fl. 33321
S	Lee Mc Brien	8776 Cypress Walk Ct.	Tamarac, Fl. 33321
T	Stacey Oddman	8724 Cypress Walk Ct.	Tamarac, Fl. 33321

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4/26/10

10. E-mail Address: Nancy@phoenixfla.com

(To be used for future annual report notification)

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, I further certify 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:

LEE MCBRIEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-10

Date

954-718-5950

Daytime Phone #