

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/24/08--01023--009 **236.25
CR2E081 (10/08)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06-7280

1. Corporation Name
CYPRESS POINTE AT LAKE ORLANDO CONDOMINIUM ASSOCIATION, INC.

N06000007280

2. Principal Office Address - No P.O. Box # 902 CLINT MOORE RD		3. Mailing Office Address 902 CLINT MOORE RD	
Suite, Apt. #, etc. #110		State, Apt. #, etc. #110	
City & State BOCA RATON		City & State BOCA RATON	
Zip	Country	Zip	Country
33487	PALM BEACH	33487	PALM BEACH

4. Date Incorporated or Qualified To Do Business in Florida: 7/10/2006

5. FEI Number: 205473131

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: MICHAEL MARDER

Street Address (P.O. Box Number is Not Acceptable):
201 E. PINE STREET

Suite, Apt. #, Etc.: #500

City: ORLANDO State: FL Zip Code: 32801

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 607.0605 or 617.0503, F.S.

Signature of Registered Agent: MICHAEL E. MARDER Date: 10/21/2008

REGISTERED AGENT MUST SIGN

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
PD	MICHAEL HORNSBY	902 CLINT MOORE RD, #110	BOCA RATON, FL 33487
VP/TRES	REBECCA GHEILER	902 CLINT MOORE RD #110	BOCA RATON, FL 33487
SEC.	JUAN CARLOS GONZALEZ	902 CLINT MOORE RD #110	BOCA RATON, FL 33487

REINSTATEMENT
2008

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 110, 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: Rebecca Gheiler Date: 10/20/2008 786-276-2555

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