PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 DEC 21 PM 12:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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DOCUMENT # N06388

1. Corporation Name
CYPRESS WILLOWS PROPERTY OWNERS ASSOCIATION, INC.

2. Principal Office Address	3. Mailing Office Address
PO BOX 1191	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OLDSMAR, FL	City & State
Zip: 34677 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-2651948 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: ELAINE DORREMAN

Street Address (P.O. Box Number is Not Acceptable): 4010 CYPRESS WILLOWS CT

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Suite, Apt. #, Etc.

City: TAMPA State: FL Zip Code: 33614

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: ✗ Elaine Dorreman Date: 11/1/01
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors		Street Address of Each Officer and/or Director	City / State / Zip
P	ELAINE DORREMAN	D	4010 CYPRESS WILLOWS CT	TAMPA, FL 33614
VP	JOE FOX	D	4012 CYPRESS WILLOWS CT	TAMPA, FL 33614
ST	FLO-BURNES	D	4002 CYPRESS WILLOWS CT	TAMPA, FL 33614
			↑ BUSINESS ADDRESS	

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 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: ✗ Elaine Dorreman 11/1/01 813-855-9546
SIGNATURE AND TYPED OR PRINTED NAME OF INCOMING OFFICER OR DIRECTOR — Date — Daytime Phone #