

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUL 12 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Cypress Cove Homeowner's Association, Inc.

REINSTATEMENT 93-02

400006597104--2

-07/23/02--01070--011

****787.50 ****787.50

2. Principal Office Address

P.O. Box 933

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lutz FL

Zip

Country

Zip

Country

33549

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/4/85

5. FEI Number

59-2936085

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

Sandra R Street Melissa Kirkpatrick

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

21631 Teal Court

Suite, Apt. #, Etc.

City

Lutz

State

Zip Code

FL

33549

REINSTATEMENT

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

[Signature]

Date

3/25/02

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
<i>D/P</i>	<i>Cheryl Tyler</i>	<i>1634 Osprey Lane</i>	<i>Lutz, FL 33549</i>
<i>D/P</i>	<i>Melissa Kirkpatrick</i>	<i>21631 Teal Ct</i>	<i>Lutz, FL 33549</i>
<i>D/P</i>	<i>Brenda Doolley</i>	<i>21626 Teal Ct.</i>	<i>Lutz, FL 33549</i>
<i>D/P</i>	<i>Sattya Brooks</i>	<i>21620 Teal Ct</i>	<i>Lutz, FL 33549</i>
<i>D/P</i>	<i>Lee Ann Woodcock</i>	<i>1808 Osprey Lane</i>	<i>Lutz, FL 33549</i>

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:

Cheryl Tyler

Cheryl Tyler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/15/02

Daytime Phone #

813-949-5392

CR2E081 (9/01)