PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

SECRETARY OF STATE DIVISION OF CORPORATIONS

97 NOV 19 AM 9: 04

DOCUMENT	#
1. Corporation Name	

N29981

THE CYPRESS PARK MAINTENANCE ASSOCIATION, INC.

							,	
Principal Place of Business Malling Address				480 B (B) = 15 (B) (B) (B) (B)				
4020 STATE RD 674  STE 1  SUN CITY CTR FL 33570  US  If above addresses are incorrect in any way, line through incorrect in		TA FL 33570		RENSTATENT 97				
2. New Principal Office Address, If Applicable, 3. New Mailing			ng Office Address, If	Applicable 6	4. Date Incorpo	orated or Qualified ess in Florida		
Sulte, Apt. #, etc. Sulte, Apt. #, etc.		Sulte, Apt. #,	etc. Umerican capic		12/00/1000			
Sity & State	City Center, FL	Sity & State	y Cemer	FL	5. FEI Number	65-0093145	Applied For Not Applicable	
335	73 Killsborough	3357			CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Addresses of Each Officer and/o	Director (Flor			· · · · · · · · · · · · · · · · · · ·			
Title(s)	Name of Officers and/or Directors 2	and/or Directors Off		eet Address of Each icer and/or Director se Post Office Box N	or City/State/Zip			
DSTV	LABARBERA, JOSEPH P	P 1001 SYMPHON		/ ISLES BLVD	APOLLO BCH FL		,	
DP	STOUTANTEN, SOUTH		1010 Omerican East			BRADENTON FL-	Pener FL	
D	HEBERMAN, LAWRENCE ROADY Kaho	2010 507H ST W #1700 G		oper Cre	EK Dr. SUN City Center FC			
$\mathcal{D}$	Dennis Heasty 912 G		merican	Eagle C	Hud Sun (	City Center Fo		
						1000235		
ŀ						-11/20/97-	010977443	
<del>-4</del>	8. Name and Address of Current R	egistered Agei	nt		9. Name and A	ddress of New Register	red Agent	
LABARBERA, JOSEPH P 4020 STATE RD 674 STE 1				Name Street Address (P.O. Box Number is Not Acceptable)  [DID — Merica Cagle Blvd Sulte, Apt. #, Etc.				
SUN CITY CTR FL 33570					y Center FL 3573			
10. I, being appointed the register of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agent								
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on Intangible tax.)								
12. 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 filling 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 over the properties have been half 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 individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information individuals listed on this form do not qualify for an exemption under section 119.07(3)(ii), F.S. The information individuals listed on this form do not qualify for an exemption under section 119.07(3)(ii), F.S. The information individuals listed on this form do not provide the name of local contents.								

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

813.6331992