

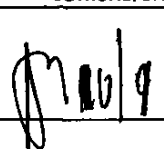


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N93000003127 1. Entity Name CYPRESS HOLLOW ASSOCIATION, INC.						FILED 08 OCT -1 AM 8:11 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1901 S. CONGRESS AVE. 480 BOYNTON BEACH, FL 33426				Mailing Address 1901 S. CONGRESS AVE. 480 BOYNTON BEACH, FL 33426			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent CAS REALTY MANAGEMENT LLC 1901 S CONGRESS AVE STE 480 BOYNTON BEACH, FL 33426				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAUGG, ERIC 6429 NW 51ST ST. LAUDERHILL, FL 33319			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;">  400136535444 10/01/08--01052--015 **\$61.25 </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PAOLETTI, KENNETH 6429 NW 52 CT LAUDERHILL, FL 33319			TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAHERAS, GEORGE 5109 NW 66TH AVE. LAUDERHILL, FL 33319			TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LASCARI, MAGGIE 5801 NW 66 AVE LAUDERHILL, FL 33319			TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>Maggie Lascari</u> 9/22/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							