PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
98 NOV 25 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000000651(8)

1. Corporation Name

The Cypress Cove Homeowner's Assoication, Inc.

Principal Place of Business	Mailing Address
125 N. Ridgewood Ave. Daytona Beach, FL 32114	125 N. Ridgewood Ave. Daytona Beach, FL 32114

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 98

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 02-09-1995

5. FEI Number: 59-3042290 — ☐ Applied For ☐ Not Applicable

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

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*****61.25 *****61.25

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / ZIP
P	Richard Pountain	855 Chickadee Drive	Port Orange, FL 32127
VP	Bob Goodrich	880 Chickadee Drive	Port Orange, FL 32127
S	Marian Noftall	857 Chickadee Drive	Port Orange, FL 32127
T	Aimee Eckard	863 Chickadee Drive	Port Orange, FL 32127
D	Neil Dell	856 Chickadee Drive	Port Orange, FL 32127
D	Robert Stoekel	837 Chickadee Drive	Port Orange, FL 32127

(Directors continued on page 2)

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Bartlett, Laurence H. Esq. 125 N. Ridgewood Avenue Daytona Beach, FL 32114	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State / Zip Code

11/25

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FEI
*****175.00 *****175.00

CR2E040 (1/98)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Laurence H. Bartlett — REGISTERED AGENT MUST SIGN — Date 11-23-98

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 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.

904-756-6551

SIGNATURE: Richard D Pountain — Richard Pountain — 11/15/98 (Date) — (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR