

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N95000003127

1. Corporation Name

CYPRESS CREEK BASIN ASSOCIATION, INC.

Principal Place of Business
8584 SOUTH KILGORE ROAD
ORLANDO FL 32836

Mailing Address
PO BOX 22552
LAKE BUENA VISTA FL 32830



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

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

32836

US

4. Date Incorporated or Qualified
To Do Business in Florida

06/27/1995

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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
D	DIRLAM, GARY	9584 SOUTH KILGORE ROAD	ORLANDO FL 32836
D	KRASS, JAMES	9128 POINT CYPRESS DRIVE	ORLANDO FL 32836
D	LOUCKS, TIM	8817 TROUT ROAD	ORLANDO FL 32836
D	SMYTH, KEVIN	8816 LAKE SHEEN COURT	ORLANDO FL 32836
D	WICHMAN, WELDON	9413 STATE ROAD 535	ORLANDO FL 32836

REINSTATEMENT

9.7

SL 11-5-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DUNEGAN, RICHARD ESQ.
128 EAST LIVINGSTON STREET
ORLANDO FL 32801

Name

Tim Loucks

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

8817 TROUT RD.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32836

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/31/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

880002241938-7
-11/02/97-01098-026
****23 on Intangible tax 236.25

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.

SIGNATURE: BY: Timothy M Loucks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/97
Date

407 876 5196
Daytime Phone #

CR2040 (8/97)