PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

N99000000194 DOCUMENT #

1. Corporation Name

CYPRESS TRACE RECREATION ASSOCIATION, INC.

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

Principal Place of Business

2. New Principal Office Address, If Applicable

10481 SIX MILE CYPRESS KU

Mailing Address

415R LORRAINE AVE... NAPI FS. FL. 34104

Suite, Apt. #, etc.

City & State

4158 LORRAINE AVE.

NAPLES FL 34104

Suite, Apt. #, etc.

City & State

3. New Mailing Office Address, If Applicable

10481 SIX MILE CYPRESS PXWY

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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REHSTATEMEN 02

Date Incorporated or Qualified To Do Business in Florida	01/11/1999		
5. FEI Number	Applied For		
65-0894846	. Not Applicable		

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Zip 339	12	Country USA	Zip 33912	Country USA	6. CERTIFICATE O	SS.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Add	dresses of Each Officer and/	or Director (Florida nonpro	fit corporations must list at lea	ast 3 directors)		
Title(s)	Name of Officers		3	Street Address of Each		City / State / Zip	
STPD COOPER FRANK W P/D SPECTOR GAIL				4158 LORRAINE AVE., 10481 SIX MILE CYPRESS PRWY		NAPLES FL 34104	
D- HARDY, ROBERT S. VP/D McMURRAY DARIN			4500 E)	ECUTIVE DRIVE #300 SIX MUE CYPRE		NAPLES FL 34110	
D- 5/7/2	BURGESO BURWS	N, RICHARD ALAN		ECUTIVE DRIVE #300 Six MULE CYPRE		NAPLES FL 34110 - FT. MYERS FL 33912	
				111	800 11/21/02	009153738 201089006 **245.00	
	<u> </u>						
	8. Name	and Address of Current R	egistered Agent		9. Name and Add	dress of New Registered Agent	
				Name			

SIESKY, JAMES H 1000 TAMIAMI TRAIL NORTH, STE.201 NAPLES FL 34102

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

1833 HENDRY STREET Suite, Apt. #, Etc.

FORT MYERS

Zip Code State 33907 CH2E040

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. or 617.0505, F.S.

Signature of Registered Agent

11. 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.

Daytime Phone #