

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 NOV 10 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000006370

1. Corporation Name

CYPRESS PINES GOLF & TENNIS CLUB, INC.

Principal Place of Business

350
11750 HOMESTEAD RD.
LEHIGH ACRES FL 33936

Mailing Address

350
11750 HOMESTEAD RD.
LEHIGH ACRES FL 33936

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

4. Date Incorporated or Qualified
To Do Business in Florida

01/27/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0402853

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PD	MCDANIEL, GARY SR.	11750 HOMESTEAD RD.	LEHIGH ACRES FL 33936
EVPD	MCDANIEL, KENNY	11750 HOMESTEAD RD.	LEHIGH ACRES FL 33936
VD	DANOLFO, LOUIS	11750 HOMESTEAD RD.	LEHIGH ACRES FL 33936
TD	HAYES, FRANK	11750 HOMESTEAD RD.	LEHIGH ACRES FL 33936
TD	MCDANIEL, KEVIN	11750 HOMESTEAD RD.	LEHIGH ACRES FL 33936
D	TROWLER, GARY	11750 HOMESTEAD RD.	LEHIGH ACRES FL 33936

8. Name and Address of Current Registered Agent

~~COSTELLO, TRUMAN J~~
12670 NEW BRITANNY BLVD.
#101
FORT MYERS FL 33907

Tice, Michael C.
2147 First Street
Ft. Myers, Florida
33901

9. Name and Address of New Registered Agent

Name

MICHAEL TICE

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

300002346583--1

Suite, Apt. #, Etc.

-11/13/97--01078--011

City

FORT MYERS

State

FL

Zip Code

33907

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

REGISTERED AGENT MUST SIGN

Date

11/6/97

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/97

Date

941-369-8216

Daytime Phone #

CP2ED40 (8/97)