FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 JUN 19 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

800005976198--3
-06/25/02--01058--020
****300.00 ****300.00

DOCUMENT # P93000031716

1. Corporation Name

CYPRESS LAKE COUNTRY CLUB VILLAS, INC.

2. Principal Office Address	3. Mailing Office Address
182 W. Central St.	182 W. Central St
Suite, Apt. #, etc. Suite #303	Suite, Apt. #, etc. Suite #303
City & State Natick, MA	City & State Natick, MA
Zip 01760 Country USA	Zip 01760 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 04/29/1993

5. FEI Number 650404553 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: FRANK J. ALOIA

Street Address (P.O. Box Number is Not Acceptable): 1716 Cape Coral Parkway East

Suite, Apt. #, Etc.:

City: Cape Coral State: FL Zip Code: 33904

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: 6/7/02

CR2E081 (9/01)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	FRANCHI, PASQUALE	182 W. Central St., #303	Natick, MA 01760
DV	FRANCHI, LOUIS	182 W. Central St, #303	Natick MA 01760
DST	FRANCHI, PATRICIA	182 W. Central St, #303	Natick, MA 01760
			201.25 AR
			10.00 ARMIS
			88.75 AR SRP

10. 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: Pasquale Franchi, Pres. 6/04/02 508-650-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6/6/02