

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

97 NOV -4 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000037730

1. Corporation Name

CYPRESS WOODS DOMESTIC INVESTORS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 219
ESTERO FL 33928
US

P.O. BOX 219
ESTERO FL 33928
US

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

2. New Principal Office Address, If Applicable

5551 LUCKETT ROAD
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

40 WILLIAM D. KRAMER
Suite, Apt. #, etc.
P.O. Box 990039

4. Date Incorporated or Qualified
To Do Business in Florida

05/25/1993

5. FEI Number

65-0419098

Applied For

Not Applicable

City & State

FORT MYERS, FL

City & State

NAPLES, FL

Zip

33905

Country

USA

Zip

34116-6060

Country

USA

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
DP	WINTLE, ARTHUR R JR	3916 CLEVELAND AVENUE	FT. MYERS FL
DS	PEARCE, HENRY E	5412 PARKER DRIVE	FT. MYERS FL
DT	SLEVIN, WILLIAM D	3520 HERITAGE LANE	FT. MYERS FL
P V/T/S	GREENOUGH, LEE C.	2096 50TH TERRACE SW	NAPLES, FL 34116
			11/06/97-01120-005
			923.75 ****923.75

REINSTATEMENT 96-97

8. Name and Address of Current Registered Agent

GREENOUGH, LEE C
C/O CYPRESS BEND RV RESORT
20263 SOUTH TAMiami TRAIL
ESTERO FL 33928

9. Name and Address of New Registered Agent

Name WILLIAM D. KRAMER
Street Address (P.O. Box Number is Not Acceptable)
1838 40TH TERRACE SW 11/4/97
Suite, Apt. #, Etc.
City NAPLES State FL Zip Code 34116

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

William D. Kramer

REGISTERED AGENT MUST SIGN

Date 11/3/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

ARTHUR R. WINTLE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William D. Kramer
Date 10/31/97

941-694-2191
Daytime Phone #

CR2E040 (7/96)