

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC 10 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 99000012901

1. Corporation Name

CYPRESS WALK DEVELOPERS, INC.

2. Principal Office Address

2830 SCHERER DR

3. Mailing Office Address

2830 SCHERER DR

Suite, Apt. #, etc.

SUITE 310

Suite, Apt. #, etc.

SUITE 310

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

Zip

33716

Country

Zip

33716

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59-3557958

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

STEVEN GORDON

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

2830 SCHERER DR.

Suite, Apt. #, Etc.

SUITE 310

City

ST. PETERSBURG

State
FL

Zip Code

33716

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

REGISTERED AGENT MUST SIGN

Date

12/9/02

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
PSTD	STEVEN GORDON	2830 SCHERER DR SUITE 310	ST. PETERSBURG, FL 33716
VPD	ALAN GORDON	2830 SCHERER DR SUITE 310	ST. PETERSBURG, FL 33716

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

STEVEN R. GORDON 12/9/02 (722) 523-1571

CR2E081 (9/01)

CYPRESS WALK DEVELOPERS, INC.

2830 Scherer Drive, Suite 310, St. Petersburg, Florida 33716
(727) 573-1571 FAX (727) 573-0747

December 9, 2002

Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: P 9900 0012 901 Corporate re-instatement

To Whom It May Concern:

We found out yesterday that our corporation had been dissolved. We did not receive the Uniform Business Report or any notice in the mail. We downloaded the enclosed form from your website.

Please reinstate our corporation and waive any penalty involved.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Steven Gordon", written over a horizontal line.

Steven Gordon
President

ACTIVE LIFESTYLE DEVELOPMENT CORPORATION

2830 Scherer Drive, Suite 310, St. Petersburg, Florida 33716

(727) 573-1571 FAX (727) 573-0747

December 9, 2002

Division of Corporations

409 East Gaines Street

Tallahassee, FL 32399

Re: P 9800 0023842 Corporate Re-Instatement

To Whom It May Concern:

We found out yesterday that our corporation had been dissolved. We did not receive the Uniform Business Report or any notice in the mail. We downloaded the enclosed form from your website.

Please reinstate our corporation and waive any penalty involved.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read 'S. Gordon', written in a cursive style.

Steven Gordon

President