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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 12 AM 9:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DJH

1. DOCUMENT # L02000026099

Name and Mailing Address

0011853 01 AT 0.292 **AUTO T4 0 0615 33410-351572



925 CYPRESS, LLC
C/O ROBERT LEE SHAPIRO, P.A.
2401 PGA BOULEVARD, SUITE 272
PALM BEACH GARDENS FL 33410-3515



2/12

2. New Mailing Address 1460 S. Ocean BLVD		4. State/Country of Formation FL	
City, State, Zip Manalapan FL 33462		5. Date Organized or Qualified To Do Business in Florida 10/03/2002	
Principal Place of Business C/O ROBERT LEE SHAPIRO, P.A. 2401 PGA BOULEVARD, SUITE 272 PALM BEACH GARDENS FL 33410	3. New Principal Place of Business Address 1460 S. Ocean BLVD		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City, State, Zip Manalapan FL 33462		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E034 (7/03)

8. Name and Address of Current Registered Agent ROBERT LEE SHAPIRO, P.A. 2401 PGA BOULEVARD, SUITE 272 PALM BEACH GARDENS FL 33410	9. Name and Address of New Registered Agent Paul Roiff 1460 South Ocean Boulevard Manalapan, FL 33462 FL Zip Code
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED** Date _____
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Paul Roiff	1460 South Ocean Boulevard Manalapan, FL 33462	000028658060 02/12/04--01032--025 **200.00

REINSTATEMENT 2003-2004

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager *[Signature]* **SIGNATURE REQUIRED** Date _____ Daytime Phone # **561 533 1523**

Typed or printed name of signing Managing Member/Manager _____