


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 NOV 16 AM 8:53

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L02000026099**

**1. Limited Liability Company's Name**  
925 Cypress, LLC

<b>2. Principal Office Address</b> 1460 South Ocean Boulevard Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 1460 South Ocean Boulevard Suite, Apt. #, etc.	
City & State <b>Manalapan, FL</b>		City & State <b>Manalapan, FL</b>	
Zip <b>33462</b>	Country <b>USA</b>	Zip <b>33462</b>	Country <b>USA</b>

**4. State/Country of Formation**  
**Florida/USA**

**5. Date Organized or Qualified To Do Business in Florida** **10-03-2002**

**6. FEI Number** **20-0742735**  Applied For  Not Applicable

**7. CERTIFICATE OF STATUS DESIRED**  **\$5.00 Additional Fee required for a Certificate of Status**

CR2E041 (8/05)

**8. Name and Address of Current Registered Agent**

Name  
**Paul Roiff**

Street Address (P.O. Box Number is Not Acceptable)  
**1460 South Ocean Boulevard**

Suite, Apt. #, Etc.

City  
**Manalapan**

State  
**FL**

Zip Code  
**33462**

**900061483669**  
**11/16/05 01045-011 \*\*150.00**

**9. 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 \_\_\_\_\_ Date **10-28-05**

REGISTERED AGENT MUST SIGN

**10. Names and Street Addresses of Managing Members/Managers**

Titles	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

**11. 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 \_\_\_\_\_ Date **10-28-05** Daytime Phone # **561 281 5337**

Typed or printed name of signing Managing Member/Manager **Paul Roiff**

REINSTATEMENT 2005