

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

08 OCT 10 AM 8:02

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # M03000003300

1. Limited Liability Company's Name

Cypress Creek Florida, LLC

CR2E041 (1008)

2. Principal Office Address - No P.O. Box # 1200 Cypress Creek Rd
State, Apt. #, etc.

3. Mailing Office Address 134 Lakes Blvd
State, Apt. #, etc.

City & State Fort Lauderdale FL
Zip Country 33309 USA

City & State Dayton NV
Zip Country 89403 USA

4. State/Country of Formation Delaware

5. Date Organized or Qualified To Do Business in Florida 2003

6. FEI NUMBER 20-0086519

7. CERTIFICATE OF STATUS DESIRED

8. Name and Address of Current Registered Agent
Name: Michael Chandross
Street Address (P.O. Box Number is Not Acceptable): 2300 W Sample Rd
State, Apt. #, Etc.: #202
City: Pompano Beach FL Zip Code: 33073

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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: [Signature] REGISTERED AGENT MUST SIGN Date: 10/10/08

Year	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
member	Tom Gonzales	134 Lakes Blvd	Dayton, NV 89403
REINSTATEMENT 07-08			

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: [Signature] Date: 10/10/08 Daytime Phone #: 775-246-6900
Typed or printed name of signing Managing Member/Manager: Tom Gonzales

H080002336283

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000233628 3))



H080002336283ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : RUDEN, MCCLOSKY, SMITH, SCHUSTER & RUSSELL, P.A.
Account Number : 076077000521
Phone : (954) 527-2428
Fax Number : (954) 333-4001

LIMITED LIABILITY REINSTATEMENT

CYPRESS CREEK FLORIDA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$377.50

277.50

RECEIVED

08 OCT 10 PH 2: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

M. THOMAS Help

OCT 13 2008