

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

03 NOV 21 PM 3:33  
2/6/03 - 90055 040 \$150.00

**DOCUMENT # P01000068441**

1. Corporation Name

**CYPRESS CREEK PROFESSIONAL PARK, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500025081795  
11/26/03--01065--022 \*\*8.75



Principal Place of Business

Mailing Address

1314 E LAS OLAS  
300  
FORT LAUDERDALE FL 33301

1314 E LAS OLAS  
300  
FORT LAUDERDALE FL 33301

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

**REINSTATEMENT** 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

07/11/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-9002884  
~~APPLIED FOR~~

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
PSTD	JACOBSON, GORDON R	1314 E LAS OLAS SUITE 300	FORT LAUDERDALE FL 33301

500025081795  
11/26/03--01065--023 \*\*600.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JACOBSON, GORDON R  
1314 E LAS OLAS  
SUITE 300  
FORT LAUDERDALE FL 33301

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11-05-03

11. 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)(l), 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:

GORDON JACOBSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-05-03

Date

954-290-7080

Daytime Phone #

CR2E040 (7/03)