PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 NOV 15 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 758919

1. Corporation Name
CYPRESS CREEK PLAZA OFFICE CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address	3. Mailing Office Address
6250 N. ANDREWS AVE.	6250 N. ANDREWS AVE.
Suite, Apt. #, etc. #100	Suite, Apt. #, etc. #100
City & State FT. LAUDERDALE, FL	City & State FT. LAUDERDALE, FL
Zip 33309-2118 Country USA	Zip 33309-2118 Country USA

CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida 06/25/81

5. FEI Number 59-2239167 ☐ 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: THOMAS R. HERRERA

Street Address (P.O. Box Number is Not Acceptable): 1250 E. HALLANDALE BCH BLVD

100061447691
11/15/05--01072--006 **297.50

Suite, Apt. #, Etc.: #1004

City: HALLANDALE | State: FL | Zip Code: 33009

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: Thomas R Herrera
REGISTERED AGENT MUST SIGN

Date: 11-10-05

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
PD	CHARLES KLAR	6250 N. ANDREWS AVE #100	FT LAUDERDALE, FL 33309
VD	THOMAS R HERRERA	1250 E HALLANDALE BCH BLVD #1004	HALLANDALE, FL 33009
TSD	ROBERT GACHASSIN	6250 N. ANDREWS AVE #200	FT LAUDERDALE, FL 33309

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] CHARLES KLAR 11-10-05 239-200-2455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #