	PLEASE READ		S BEFORE (	COMPLET	ING THIS F	ORM.	<b>۹</b> ۰. ۲	<ul> <li>Statistics</li> <li>Statis</li> <li>Statisting</li> <li>Statisting</li>     &lt;</ul>	
ÂPI	PLICATION ATFUS	NT OF STATE arris State Rations DIVISION OF CORPORATIONS			a na ang a na ang kang na ang ang ang ang ang ang ang ang a				
DOCUMENT # F0000000130				01 OCT 22 AM 11: 23					
	ESS/NR LAKE WORTH,	INC.					The last state		
Principal Pl	lace of Business	Mailing Address		-					A Mat South
15601 DAL DALLAS T	LAS PARKWAY. SUITE 400 X 75001	15601 DALLAS PARKWAY, SUITI 							
Adding			r percetion below				H 17.1 M		
	addresses are incorrect in any way, line three incipal Office Address, If Applicable	3. New Mailing Office Address,	ing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 01/07/2000				
		Suite, Apt. #, etc.	-		5. FEI Number Applied For 75-2852376 Not Applicable				
Zip	Zip Country Zip		Country 6. CERTIFIC		OF STATUS DESIRED	58.75 Additional Fee require for a Certificate of Status	d		
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporation Name of Officers Street									
	2 ana/of Directors 3		Officer and/or Director ALLAS PARKWAY, SUITE 400		4 DALLAS TX 75	City / State / Zip	A design of the second s		
						(Adduson)			
-8-	WHISLER, LISA K		ALLAS PARKWAY, SUITE 400-		DALLAS TX-76		_		
2	Farro, Brian C 15601		Mas Perka	y Sut 400	Addisor	TX. 75001			
				90	-11/07/0	712494			
					****150	1.00 ****150.00			
8. Name and Address of Current Registered Agent Name				9. Name and A	Address of New Re	gistered Agent			
CAPITOL CORPORATE SERVICES, INC.			Street Address (P.O. Box Number is Not Acceptable)			CR2E040 (8/01)			
TALL	AHASSEE FL 32303		Suite, Api. #, Etc.     V       City     State   Zip Code			- 5			
						FL			
10. I, being	g appointed the registered agent of the abo	ve named corporation, am familiar	with and accept the o	bligations of Secti	ion 607.0505, F.S.				
Signature of Registered Agent									
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)(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.									
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SIGNAT			RECTOR	[.0	)-15-01 Date	971 36 1-5057 Daytime Phone #	a P		

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## CYPRESS EQUITIES

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October 16, 2001

Florida Department of State Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, FL 32314-6327

To Whom It May Concern:

This letter is a request for the reinstatement of Cypress/NR Lake Worth Inc in the State of Florida as well as requesting a waiver of the \$750.00 reinstatement fee. Cypress/NR Lake Worth Inc has not received its annual report/uniform business report that was required for filing early this year. The notice of administrative dissolution send with this application is the first communication we have received regarding this matter.

Attached is our check in the amount of \$150.00 for the registration of Cypress//NR Lake Worth Inc. If you have any questions, please give me a call at (972) 361-5058.

Sincerely, Ú HON b

Brian Parro Secretary-Cypress/NR Lake Worth