

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 JUL 28 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F04000000170

1. Corporation Name

CY FINANCIAL, INC.

700158987717  
07/28/09--01049--004 \*\*1050.00

REINSTATEMENT 07-09  
CR2E081-(12/08)

2. Principal Office Address - No P.O. Box #

5682 Fountains Drive South

3. Mailing Office Address

5682 Fountains Drive South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Worth, FL

City & State

Lake Worth, FL

Zip

33467

Country

USA

Zip

33467

Country

USA

4. Date incorporated or Qualified  
To Do Business in Florida

01/09/2004

5. FEI Number  
134268638

☐ 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

Capitol Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)  
155 Office Plaza Drive

Suite, Apt. #, Etc.  
Suite A

City  
Tallahassee

State  
FL

Zip Code  
32301

☐ The 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 reinstatement  
fee be waived.

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

*Deanne Case, asst. sec.*

Date July 24, 2009

REGISTERED AGENT MUST SIGN

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
P/D	Jonathan Neuman	5682 Fountains Drive South	Lake Worth, FL 33467
	<i>Agf3</i>		

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 contained in Chapter 119, 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:

President

July 27, 2009 561-995-4362

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Jonathan Neuman*