

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC 29 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000000915

1. Corporation Name

CYPRESS BENEFIT SERVICES, INC.

Principal Place of Business

Mailing Address

9929 WHITE RD
OCOE FL 34761

9929 WHITE RD
OCOE FL 34761

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/16/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3478156

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CPS	WORSHAM, JOSEPH T	9929 WHITE RD	OCOE FL 34761
VC	BRINKER, THOMAS M	ONE N. ORMOND AVE	HAVERTOWN PA 19083
VD	BRINKER, JOSEPH	ONE N. ORMOND AVE	HAVERTOWN PA 19083
D	HENNING, GEORGE	206 N. JACKSON ST, SUITE 201	GLENDALE CA 91206
T	HENNING, PAUL	206 N. JACKSON ST, SUITE 201	GLENDALE CA 91206

8. Name and Address of Current Registered Agent

WORSHAM, JOSEPH T
9929 WHITE RD
OCOE FL 34761

REINSTATEMENT 00 IS

Name

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

Suite, Apt. #, Etc.

City

4000003533754--8

01/11/01--01105--019

***750.00 ***750.00

State

Zip Code

FL

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.

Signature of
Registered Agent

Joseph T. Worsham
REGISTERED AGENT MUST SIGN

Date 12/26/00

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.

SIGNATURE:

Joseph T. Worsham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/26/00 407 298-8894
Date Daytime Phone #