

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUN -8 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J11633

1. Corporation Name

Cypress Creek Landscape Supply
INC

2. Principal Office Address

19091 N. Dale Mabry Hwy
Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

SAME

City & State

Lutz FL

City & State

Zip

33548

Country

Hillsborough

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1993

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Steven P. Lewis

900055913689

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

19091 N. Dale Mabry Hwy

Suite, Apt. #, Etc.

City

Lutz

State

FL

Zip Code

33548

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 6/6/05

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
Pres.	Steven P. Lewis	19091 N. Dale Mabry	Lutz FL 33548
Sec	Sara L Lewis	811 Brantenburg Wy	Lutz FL 33548

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] Steven P. Lewis

6/6/05

813-244-8909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)