

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JUN 13 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J33642

1. Corporation Name

Cypress Bay Corporation

2. Principal Office Address

5757 Cedar Pine Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

5757 Cedar Pine Dr.

Suite, Apt. #, etc.

City & State

Orlando, FL 32819

City & State

Orlando, FL 32819

Zip

32819

Country

US

Zip

32819

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

9/16/86

5. FEI Number

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

Melvin Casher

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

5757 Cedar Pine Dr.

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code
32819

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

Melvin Casher

REGISTERED AGENT MUST SIGN

May 16, 2002

Date

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.	Melvin Casher	5757 Cedar Pine Dr.	Orlando, FL 32819
			1400.00 - AR
			10.00 - AR ARKS
			88.75 - ARS HP
			89-02 UBR
			8.75 - Act
			400.00 - GR

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:

Melvin Casher
Melvin Casher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 16, 2002

Date

407 351-3164

Daytime Phone #

May 16, 2002

Gentlemen:

We did not receive any notices for 1989 and would like the late fees to be waived.

Thank you. _

Cypress Bay Corp.

Melvin Casher

Melvin Casher
President

