

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # K72662

1. Corporation Name

CSC CYPRESS REAL ESTATE SERVICES, INC.

2. Principal Office Address

4390 ST. ANDREWS DRIVE

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

Zip

33431

Country

USA

3. Mailing Office Address

4390 ST. ANDREWS DRIVE

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

Zip

33431

Country

USA

REINSTATEMENT 98-02

4. Date Incorporated or Qualified
To Do Business in Florida

3/10/1989

5. FEI Number

65011599

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

John P. Collins

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

4390 St. Andrews Drive

Suite, Apt. #, Etc.

City

Boynton Beach

State
FL

Zip Code

33436

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

REGISTERED AGENT-MUST SIGN

Date 6/13/02

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
DP	John P. Collins	4390 St. Andrews Drive	Boynton Beach FL 33431
T	Stephen S. Corzette	3721 NE 29th Ave.	Lighthouse Point, FL 33064
S	Joseph B. Schrage	7425 SW 127th Street	Miami, FL 33156

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-07/03/02--01019-016

***1358.75 ***1358.75

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/02

Date

561/498-8300 x202

Daytime Phone #