

L01000018864

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 28 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000018864

1. Limited Liability Company's Name

Cypress I, LLC

2. Principal Office Address

1745 South Alma School Rd.

3. Mailing Office Address

1745 South Alma School Rd.

Suite, Apt. #, etc.

Suite 160

Suite, Apt. #, etc.

Suite 160

City & State

Mesa, AZ

City & State

Mesa, AZ

Zip

85210

Country

USA

Zip

85210

Country

USA

4. State/Country of Formation

Florida / United States

5. Date Organized or Qualified
To Do Business in Florida

November 1, 2001

6. FEI Number

861044894

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Michael J. Sheahan, Esquire

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

222 West Comstock Avenue

Suite, Apt. #, Etc.

Suite 101

City

Winter Park

State

FL

Zip Code

32789

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Michael J. Sheahan, Esq.

Date 03/20/2003

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	John Cork	1745 South Alma School Rd., Ste 160	Mesa, Arizona 85210

100014853571
03/28/03--01005--011 **155.00

REINSTATEMENT

03/28/03
Dec

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Date 3/24/03

Daytime Phone# (480) 820-0977

Typed or printed name of signing Managing Member/Manager John Cork

CR2E041 (10/02)