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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR -3 AM 10:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000017443

Name and Mailing Address

0004336 01 AT 0.292 \*\*AUTO T8 0 0615 32963-211420

BLUE CYPRESS GROUP, LLC

2320 OCEAN DRIVE

VERO BEACH FL 32963-2114



2. New Mailing Address

2450 Metrocentric Blvd

City, State, Zip

West Palm Beach, FL 33407

Principal Place of Business

2320 OCEAN DRIVE

VERO BEACH FL 32963

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

07/11/2002

6. FEI Number

75-3071864

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

TAN, MELIH

2320 OCEAN DRIVE

VERO BEACH FL 32963

9. Name and Address of New Registered Agent

Name James Stroschein

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

2450 Metrocentric Blvd

City

West Palm Beach

Zip Code

33407

10. 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

*[Signature]*

Date

12/29/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	TAN, PAMELA	2320 OCEAN DRIVE	VERO BEACH FL 32963
MGRM	STROSCHIM, JIM	2385 DOLMAN	ORCHARD LAKE MI 48324

12. 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 in 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

*[Signature]*

Date 12/29/03

Daytime Phone # 561-684-9020

Typed or printed name of signing Managing Member/Manager