

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 DEC -1 AM 11:50

DOCUMENT # L03000029531

1. Limited Liability Company's Name

Cypress Key LC

000163255400
12/02/09--01007--023 **718.75

CR2E041 (10/09)

2. Principal Office Address - No P.O. Box # 5757 CEDAR PINE DR Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.		4. State/Country of Formation Florida	
City & State ORLANDO FL		City & State FL		5. Date Organized or Qualified To Do Business in Florida 8/11/03	
Zip 32819	Country US	Zip	Country	6. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent Name Mel Casher Street Address (P.O. Box Number is Not Acceptable) 5757 Cedar Pine Dr Suite, Apt. #, Etc. City Orlando State FL Zip Code 32819				7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <input checked="" type="checkbox"/> A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not recieved and requesting the \$100 reinstatement fee be waived.	
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 Mel Casher Date Nov. 4, 2009 REGISTERED AGENT MUST SIGN					

10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City/State/Zip
mg	Mel Casher	5757 Cedar Pine Dr	Orlando, FL 32819

11. E-mail Address: v351947@bellsouth.net
(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or the trustee empowered to execute this application as provided 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 **Mel Casher** Date **Nov. 4, 2009** Daytime Phone # **407 351 8046**
Typed or Printed name of signing Managing Member/Manager

REINSTATEMENT **2005-2009**

T. Hampton DEC -2 2009