

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2014 JAN 10 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01/10/14--01004--012 **238.75

CR2E041 (12/13)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>L04000012048</u>			
1. Limited Liability Company's Name 2950 CYPRESS CREEK REALTY, L.L.C.			
2. Principal Office Address - No P.O. Box # 2950 CYPRESS CREEK ROAD		3. Mailing Office Address 6600 HIGH RIDGE ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FORT LAUDERDALE, FL		City & State BOYNTON BEACH, FL	
Zip 33433	Country USA	Zip 33426	Country USA
4. State/Country of Formation		5. Date Organized or Qualified To Do Business in Florida	
6. FBI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name CORY KRAVIT ESQ.			
Street Address (P.O. Box Number is Not Acceptable) 7000 W. PALMETTO PARK ROAD			
Suite, Apt. #, etc. SUITE # 210			
City BOCA RATON		State FL	Zip Code 33433
E-mail Address: CORYKRAVIT@KRAVITLAW.NET			
(To be used for future annual report notices)			
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.			
Signature of Registered Agent		Date <u>1/8/14</u>	
REGISTERED AGENT MUST SIGN			
10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company			
Title AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
AMBR	JOSEPH ENDE	6600 HIGH RIDGE ROAD	BOYNTON BEACH, FL 33426
REINSTATEMENT <u>2013</u>			
11. I certify that I am an authorized person empowered to execute this application as provided for in Chapter 605, 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 Chapter 605, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.			
Signature of Authorized Person		Date <u>1/08/14</u> Daytime Phone # <u>561 450 7394</u>	
Typed or printed name of signing Authorized Person			