

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC 28 PM 2:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L04000019242

1. Limited Liability Company's Name

CYPRESS GREEN II, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

9218 CYPRESS GREEN DR 9000 CYPRESS GREEN DR

Suite, Apt. #, etc.

2

City & State

JACKSONVILLE FL

Zip

32256

Country

USA

3. Mailing Office Address

9000 CYPRESS GREEN DR

Suite, Apt. #, etc.

107

City & State

JACKSONVILLE, FL

Zip

32256

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

3/10/2004

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

☒ 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 received and requesting the \$100
reinstatement be waived.

8. Name and Address of Current Registered Agent

Name

C. R. COLEMAN

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

9250 BAYMEADOWS RD

Suite, Apt. #, Etc.

SUITE 450

City

JACKSONVILLE

State

FL

Zip Code

32256

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

Charles Coleman

REGISTERED AGENT MUST SIGN

Date 12-17-07

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	BRADLEY S. ANDERSON	^{#2} 9218 CYPRESS GREEN DR	³²²⁵⁶ JACKSONVILLE FL
MGRM	JOHN T. STARLING	^{#107} 9000 CYPRESS GREEN DR	³²²⁵⁶ JACKSONVILLE, FL

REINSTATEMENT

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12/20/07--01028--011 **150.00

05-07

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

Bradley S. Anderson

Date

12/12/07

Daytime Phone #

904-730-2577

Typed or printed name of signing Managing Member/Manager

Bradley S. Anderson