

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 29 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000007032

1. Corporation Name

CYPRESS CREEK OFFICE PLAZA CONDOMINIUM ASSOCIATION SSB, INC.

Principal Place of Business

6242 N. ANDREWS AVENUE
FORT LAUDERDALE FL 33309

Mailing Address

6242 N. ANDREWS AVENUE
FORT LAUDERDALE FL 33309

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/2000

5. FEI Number

59-2239167

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)
1

2

Name of Officers
and/or Directors

3

Street Address of Each
Officer and/or Director

4

City / State / Zip

D

MADLE, DONALD J

6242 N. ANDREWS AVENUE

FORT LAUDERDALE FL 33309

STD

NORTON, DAVID

6242 N. ANDREWS AVENUE

FORT LAUDERDALE FL 33309

DP

WYLER, WILLIAM

6242 N. ANDREWS AVENUE

FORT LAUDERDALE FL 33309

700008672037
10/29/02--01113--002 **61.25

8. Name and Address of Current Registered Agent

NORTON, DAVID
6242 N. ANDREWS AVENUE
FORT LAUDERDALE FL 33309

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/25/02

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

Cypress Creek Office Plaza Condo Assn - SSB

**6282 N. ANDREWS AVENUE
FORT LAUDERDALE, FL 33309**

October 25, 2002

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: Annual Report
Document # N00000007032

To Whom It May Concern:

We are in receipt of your Certificate of Administrative Dissolution or Revocation notice dated effective October 4, 2002.

We are hereby advising you this is the first notice of filing that we have received. By telephone call to your office, I found that you had previously mailed two prior notices. We have enclosed your reinstatement form with an address correction and the \$61.25 filing fee.

Please reinstate our corporation and advise us of any additional fees. You may contact our bookkeeper, Becky Snyder, by telephone 954-771-0740 or fax 954-771-1341.

Regards,



David A. Norton
President CCOPCA-SSB

Cc: Flexi Building
Don Madle