

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N02000004531

1. Corporation Name

CYPRESS PROJECT, INC.

Principal Place of Business

Mailing Address

P.O. BOX 211211
ROYAL PALM BEACH FL 33421

P.O. BOX 211211
ROYAL PALM BEACH FL 33421

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

1829 port lane south

1829 port lane south

Suite, Apt. #, etc. Bay #6

Suite, Apt. #, etc. Bay #6

City & State Jupiter FL

City & State Jupiter FL 33458

Zip 33458 Country USA

Zip 33458 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/13/2002

5. FEI Number

Applied For

54-2068433

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	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	BLOUIN, JOHN	P.O. BOX 211211	ROYAL PALM BEACH FL 33421
D	FRANKLIN, EDWARD	8551 NW 46 ST	LAUDERHILL FL 33351
D	LUEBBERS, RICK	2640 N 74 AVE	HOLLYWOOD FL 33024

500110011255
03/27/07--01026--003 **306.25

Change Address.

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BLOUIN, JOHN
581 105 AVE #3
ROYAL PALM BEACH FL 33421

Name

1829 port lane south #6

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

John N Blouin

Suite, Apt. #, Etc.

Jupiter, FL 33458

City

Jupiter

State

FL

Zip Code

33458

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

John Blouin

REGISTERED AGENT MUST SIGN

Date

9/12/07

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)(i), 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:

John Blouin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/07

Date

561-747-7466

Daytime Phone #

CR2E040 (7/03)

Cypress Project Inc.
1829 Port Lane South #6
Jupiter Fl. 33458.

TO WHO IT MAY CONCERN I MOVED
TO NEW ADDRESS 2005-6 AND NEVER RECEIVED
MY PAPER WORK FOR MY NON-PROFIT
BUSINESS PLEASE CHANGE ADDRESS AND
UPDATE THIS COMPANY PLEASE.

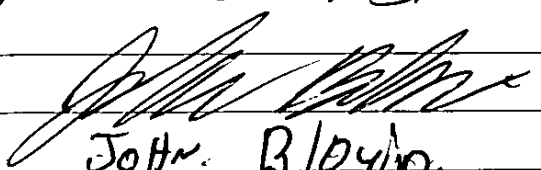
Old Address.

New Address

PO BOX 211211
Royal Palm Beach
Fl. 33421.

1829 Port Lane South
Bay. #6.
Jupiter Fl. 33458 ✓

PAID. 306.25.
Check #.

Thank you. God Bless
President. 
John Blouin.