

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 91-97
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 OCT 22 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N14809

1. Corporation Name

Cypress Plaza Owners Association, Inc.

Principal Place of Business

Mailing Address

9471 Baymeadows Road, Suite 105
Jacksonville, Florida 32256

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

2. New Principal Office Address, If Applicable 824 Waterman Road		3. New Mailing Office Address, If Applicable 824 Waterman Road		4. Date Incorporated or Qualified To Do Business in Florida May 8, 1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2785164	
City & State Jacksonville, Florida		City & State Jacksonville, Florida		Applied For Not Applicable	
Zip 32207	Country Duval	Zip 32207	Country Duval	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	Bahman Venus	824 Waterman Road	Jacksonville, FL 32207
VSTD	Hormoz Khosravi	4123 University Boulevard Suite D	Jacksonville, FL 32216
			900002331389-- 4 -10/28/97--01045--002 ****603.75 ****603.75
			REINSTATEMENT 91-97 <i>A. Adnan</i> <i>10/22/97</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

John J. Mikals
2000 Independent Square
Jacksonville, Florida 32202

Name
Bahman Venus
Street Address (P.O. Box Number is Not Acceptable)
824 Waterman Road
Suite, Apt. #, Etc.
City
Jacksonville State **FL** Zip Code **32207**

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.

Signature of Registered Agent *Bahman Venus*
REGISTERED AGENT MUST SIGN

Date **10-15-97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on Intangible tax.)

12. 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)(f), 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: *Bahman Venus*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Bahman Venus

10-15-97 (904) 399-6097
Date Daytime Phone #

CR2E040 (12/96)