

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB 11 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N14809

1. Corporation Name

CYPRESS PLAZA OWNERS ASSOCIATION, INC.

2. Principal Office Address

8120 Nations Way

Suite, Apt. #, etc.

Suite 202

City & State

Jacksonville

Zip

32256

Country

USA

3. Mailing Office Address

8120 Nations Way

Suite, Apt. #, etc.

Suite 202

City & State

Jacksonville

Zip

32256

Country

USA

REINSTATEMENT 98-05
MRD

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/08/1986

5. FEI Number

592785164

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mark A. Reinsch

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

2700 Lake Shore Blvd.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32210

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Mark A. Reinsch

Date

2/9/2005

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Bahman Venus	8120 Nations Way, Suite 202	Jacksonville, FL 32256
D	Will Stout	8120 Nations Way, Suite 202	Jacksonville, FL 32256
D	Dave Barndt	3000 Centre Sq. W., 1500 Market St.	Philadelphia, PA 19102
D	Jim Brady	St. Johns Industrial Pkwy. N., Ste. 1	Jacksonville, FL 32246
D	Phil Oldsberg	7301 Baymeadows Way	Jacksonville, FL 32256

10. 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:

Will Stout

Will Stout, Director

2/9/2005

(904) 296-3444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)