


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000047931		
1. Entity Name CYPRESS PROPERTY MANAGEMENT, INC.		

FILED

07 FEB -7 PM 5:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 06-07

Principal Place of Business 3949 EVANS AVE., #205 FT. MYERS, FL 33901	Mailing Address 3949 EVANS AVE., #205 FT. MYERS, FL 33901
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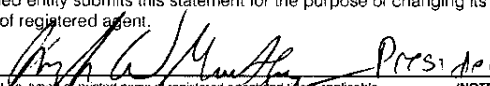
2. Principal Place of Business - No P.O. Box # 2657 Meadow Lane	3. Mailing Address 2657 Meadow Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ft Myers FL	City & State Ft Myers FL
Zip 33901	Zip 33901
Country USA	Country USA

4. FEI Number 65-1108951	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

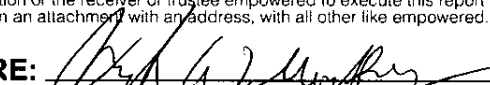
6. Name and Address of Current Registered Agent  MONTGOMERY, JOSEPH 3949 EVANS AVE., #205 FT. MYERS, FL 33901	
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7. Name and Address of New Registered Agent Name Joseph Montgomery Street Address (P.O. Box Number is Not Acceptable) 2657 Meadow Lane City Ft Myers FL Zip Code 33901	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  President	DATE 2-5-07
<small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTGOMERY, JOSEPH 3949 EVANS AVE., #205 FT. MYERS, FL 33901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2657 meadow lane Ft Myers FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000088711390 02/19/07--01020--020 ***300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE:  Joseph W Montgomery	DATE 2-5-07 Daytime Phone 239-939-1750
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	