

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 JUN 24 PM 12:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000132981**

1. Corporation Name  
CYS, Inc.

2. Principal Office Address  
310 E. Sandpiper St.

Suite, Apt. #, etc.

City & State  
Apopka, FL

Zip  
32712

Country  
USA

3. Mailing Office Address  
310 E. Sandpiper St.

Suite, Apt. #, etc.

City & State  
Apopka, FL

Zip  
32712

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida 11/17/2003

5. FEI Number  
20-0396309

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  
Jack Pauley

Street Address (P.O. Box Number is Not Acceptable)  
310 E. Sandpiper St.

Suite, Apt. #, Etc.

City  
Apopka

State  
FL

Zip Code  
32712

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

REGISTERED AGENT MUST SIGN

Date 6/22/2005

**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
P	Jack Pauley	310 E. Sandpiper St.	Apopka, FL 32712
VP	Garry D. Wesenberg	310 E. Sandpiper St.	Apopka, FL 32712
TR	Jason J. Pauley	310 E. Sandpiper St.	Apopka, FL 32712

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:

*Jack J. Pauley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/22/2005

Date

407-832-6650

Daytime Phone #

CR2E081 (01/05)