PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PLICAT FOR ISTATE		TO SECOND	Kather Secreta	RTMENT OF STATE ine Harris try of State CORPORATIONS		F.1 F.5		
DOCUMENT # P93000072740						FILED			
1. Corporation Name						01 OCT 26 AM 9: 32			
CYPRESS PETROLEUM CORPORATION						SE TA	GRETARY OF ST LLAHASSEE, FLO	ATE PRIDA	
Principal Place of Business Mailing Addres				ess		1 10001001	HE 20100 IZIEL BOSH BOHL POLIE	1111 12010 (1001 (1001 4504 0014 1004	
3091 62ND ST NW P. O. BOX 9327 FT LAUDERDALE FL 33309 CORAL SPRINGS FL 33075 US If above addresses are incorrect in any way, line through incorrect information and er									
New Principal Office Address, If Applicable 3. New M				ing Office A	ddress, If Applicable	Date Incorporated or Qualified To Do Business in Florida 10/20/1993			
			Suite, Apt. #,			5. FEI Numbe		Applied For	
City & State						6.	65-0443168	• ⇒ ∾ Not Applicable	
Zip Country Zip			Zip		Country		CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		
7. Names	and Street Ad		or Director (Flo	rida nonpro	fit corporations must list at le		1		
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
PD	PAYAN, ROSA M			11031 SW 1 CT			CORAL SPRINGS FL 33071		
					30		00046784739 -11/14/0101021030 *****750:00****750:00		
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		R	1687		1372				
				a d mari	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	630e			
Name and Address of Current Registered Agent Na					Name	Name and Address of New Registered Agent Name			
RAYM	OND, JOHN	J JR				P O Box Number	is Not Acceptable)	, "	
1200 NORTH FEDERAL HWY, 411					Suite, Apt. #, Etc				
BOCA RATON FL 33432									

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.

City

SIGNATURE:

BOCA RATON FL 33432

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.

REGISTERED AGENT MUST SIGN

Zip Code

ee required