

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000077954

1. Entity Name
CYPRESS CREEK STATION RESTAURANT, INC.



SECRETARY OF
DIVISION OF CORPORATE AFFAIRS

06 OCT 31 AM 10:05

Principal Place of Business
6351 N ANDREWS AVE
FT LAUDERDALE, FL 33309 US

Mailing Address
7682 WILES RD
POMPAHO BEACH, FL 33067

REINSTATEMENT 06

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10252006 REIN-P CR2E098 (11/05)

4. FEI Number
65-0698525

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TROIA, AUDREY M
7682 WILES RD
CORAL SPRINGS, FL 33067

Name
TROIA, Audrey M.

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

5963 W. Hillsboro Blvd

Suite B

City
PACLAND

FL

Zip Code
33067

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
TROIA, ROSARIO
7682 WILES RD
CORAL SPRINGS, FL 33076 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
100081351791
10/31/06--01013--009 **158.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
TROIA, AUDREY M
7682 WILES RD
CORAL SPRINGS, FL 33076 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Delete

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/20/06 954 346-2770