PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

DIVISION OF CORPORATIONS

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DOCUMENT #



P96000092698

1. Corporation Name

CYPRESS RIDGE INVESTMENTS, INC.

Principal	Place	of	Business

Mailing Address

7616 SOUTHLAND BY STE 200

7616 SOUTHLAND BY STF 200

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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ORLANDO FL 32809			ORLANDO FL 32809		EINSTA	TEWE	ENT_OQ-02		
If above a	ddresses are	incorrect in any way, line thro	ough incorrect in	formation a	nd enter	correction below.			
New Principal Office Address, If Applicable			New Mailing Office Address, If Applicable		Date Incor To Do Bus	rporated or Qualified siness in Florida	\neg		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			And the Mark	11/13/1996 -5. FEI Number Applied For		
City & State			City & State			59-3480108 Not Applicable			
Zip Country			Zip	Country			6. CERTIFICATE OF STATUS DESIRED (3373 Additional Fee required Core) Gentilicate of Status 2.		
7. Names a	and Street Ad	dresses of Each Officer and/	or Director (Floa	rida nonprof	it corpora	ations must list at lea	st 3 directors)		╗
Title(s) Name of Officers and/or Directors			Street Address of Ea Officer and/or Direct		eet Address of Each		City / State / Zip		
D ·	D GRAVES, ROCKY R			6578 UNIVERSITY BLVD.			WINTER PARK FL 32792		
Þ	D MILLER, WARREN			308 CRANE COVE			LONGWOOD FL 32750		
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	Q Nom	a and Address of Course C	la minda and disco			T .			4
	O. Maili	e and Address of Current R	egistered Age	nt		Name 0	9. Name and Address of New Registered Agent		
MILLER, WARREN - 3575 W LAKE MARY BLVD LAKE MARY FL 32746					Street Address (F/O. Box Number is Not Acceptable) 3575 W. LAKE Mary Blad. (Suite) Apt. #, Etc.			CR2E040 (8/00)	
· · · · · · · · · · · · · · · · · · ·				City Lake Mary State Zip Code FL 32746			u	-	
10. I, being Signature of Registered A	W	registered agent of the attor	e named corpor		1,28 g		ligations of Seq	tion 607.0505, F.S. Date 39-9-02	-
11. I certify t	that I am an of	fficer or director or the receive	er or trustee em	powered to	execute	this application as on	ovided for in cha	panter 607 or 617 F.S. I further certify that when filing	\neg

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.

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR