
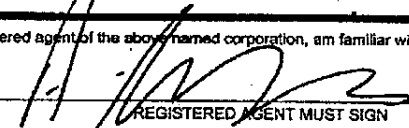
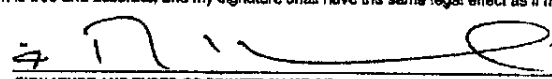


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IS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	SECRETARY OF STATE TALLAHASSEE, FLORIDA																												
DOCUMENT # P97000067552																															
1. Corporation Name CYPRESS CREEK VENTURES, INC.																															
2. Principal Office Address 701 W CYPRESS CREEK RD Suite, Apt. #, etc. 302 City & State FT. LAUDERDALE, FL Zip 33309		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country																													
Country USA		4. Date Incorporated or Qualified To Do Business in Florida 08/05/1997 5. FEI Number 650782057 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>																													
7. Name and Address of Current Registered Agent Name ARIE MREJEN, ESQ. Street Address (P.O. Box Number is Not Acceptable) 701 W. CYPRESS CREEK ROAD Suite, Apt. #, Etc. 302 City FORT LAUDERDALE <div style="float: right;"> State FL Zip Code 33309 </div>																															
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 _____ Date 1/8/04 <div style="text-align: center;">  </div>																															
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 40%;">Street Address of Each Officer and/or Director</th> <th style="width: 20%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P,D,S,T</td> <td>KARMEL, RONALD F.</td> <td>c/o 701 W Cypress Creek, #302</td> <td>Fort Lauderdale, FL 33309</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	P,D,S,T	KARMEL, RONALD F.	c/o 701 W Cypress Creek, #302	Fort Lauderdale, FL 33309																				
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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)(f), 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:  RONALD KARMEL, President 1/8/04 954-296-7109 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																															

Division of Corporations

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Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : ARIE MREJEN, P.A.
Account Number : 072100000432
Phone : (954)747-9780
Fax Number : (954)337-6345
)

CORPORATION REINSTATEMENT

CYPRESS CREEK VENTURES, INC.

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