

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JAN 12 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 98000004709

1. Corporation Name

CYPRESS TRIANGLE, INC.

2. Principal Office Address

8119 Navarre Pkwy

Suite, Apt. #, etc.

City & State

Navarre, FL

Zip

32566

Country

Santa Rosa

3. Mailing Office Address

8119 Navarre Pkwy

Suite, Apt. #, etc.

City & State

Navarre, FL

Zip

32566

Country

Santa Rosa

REINSTATEMENT

09-2000

4. Date Incorporated or Qualified
To Do Business in Florida

1/15/98

5. FEI Number

59-3487903

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

Hinton Lampley, Jr.

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

2 Point Comfort Court

Suite, Apt. #, Etc.

City

Mary Esther

State

FL

Zip Code

32569

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

Hinton Lampley Jr
REGISTERED AGENT MUST SIGN

Date 1-10-00

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
PRES	Hinton Lampley, Jr.	2 Point Comfort Court	Mary Esther, FL 32569
SEC/TREA	Euby Black	2639 Cove Road	Navarre, FL 32566
VP	John Bordelon	2665 Bay Street	Gulf Breeze, FL 32561
			LS

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:

Hinton Lampley Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-00

Date

850-939-8000

Daytime Phone #

Hinton Lampley, Jr., President