

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **P98000031017**

1. Corporation Name

CYPRESS TREE HOLDINGS CORPORATION

01 OCT 22 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2525 DRANE FIELD ROAD
SUITE 7
LAKELAND FL 33811

2525 DRANE FIELD ROAD
SUITE 7
LAKELAND FL 33811

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/03/1998

5. FEI Number

65-0826628

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	KALAYCI, TANZER	6500 NORTH ANDREWS AVENUE	FORT LAUDERDALE FL 33309
D	RAMOS, R A	6500 NORTH ANDREWS AVENUE 5681 Southwest 9th Street	FORT LAUDERDALE FL 33309 Plantation FL 33317
PD	BREED, JOHN N	6117 SWEET GUM RUN	BARTOW FL 33830
ST	MOSHIER, MARK J	6500 NORTH ANDREWS AVENUE	FT LAUDERDALE FL 33309
D	HORNE, GARTH	101 S.W. FLAGLER AVENUE 1644 S.W. Saint Andrews Drive	STUART FL 34994 Palm City FL 34990

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BREED, JOHN N
6117 SWEET GUM RUN
BARTOW FL 33830

Name

400004670974--3

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

1007/01-01058-010
***750.00 ***750.00

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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.

Signature of
Registered Agent

John Naylor Breed

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/15/01

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.

SIGNATURE:

John Naylor Breed
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/01

Date

(863) 646-4771

Daytime Phone #

CR2E040 (8/01)