2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P9900001121 1. Entity Name CYPRESS TURN ASSOCIATES, INC.					FILED 09 JUN-3 PM 3:54 SECRETARY OF STATE TARKAHASSED FLORIBA			
Principal Place of Business 3010 ALT 19 PALM HARBOR, FL 34683		Mailing Address 3010 ALT 19 PALM HARBOR, FL 34683			 	K 18118 (811) 8811 8811 8811 8811	Pill Ball 1 11861 11818 11881 1	1878 81 11 1884
2. Principal Place of Business - No P.O. Box # 7600 Bryan Dairy Rd.		3. Mailing Address 7600 Bryan Dairy Rd.						
Suite Apr. #, etc.		Suite, Apt. #, etc. Suite A			04211004	CREIN P. L.	CR2E098 (1/07)	02.0/
City & State Largo, Fl		City & State Largo, Fl			4. FEI Numb			pplied For lot Applicable
Zip Coui	Country USA		Country USA			of Status Desired	\$8.75 Ac Fee Requir	Iditional
6. Name and A	Registered Agent	Name		7. Name and	Address of New Reg	Istered Agent		
DANIELS, JOHN W 7600 BRYAN DAIRY RD Solle A LARGO, FL 33777				Street Address (P.O. Box Number is Not Acceptable)				
		City				FL Zip Co	de	
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 profeshable of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$300.00						In accordance with corporation did no		
10.	OFFICERS AND E	DIRECTORS Delete	11.	1	ADDITIONS	CHANGES TO OFFICE	RS AND DIRECTOR Change	RS IN 11
NAME DANIELS, JOHN STREET ADDRESS 7600 BRYAN DA CITY-ST-ZIP LARGO, FL 337	AIRY RD	□ Dexie	NAME STREET ADDRES CITY-ST-ZIP	5				
STREET ADDRESS 7600 BRYAN DA	DP Delete DANIELS, JOHN W JR 7600 BRYAN DAIRY RD LARGO, FL 33777			i 7600	0,S,T els, John W. Jr. Bryan Diary Rd. 10,Fl 33777			Addition
STREET ADDRESS 3010 ALT 19	DANIELS, JOHN W							Addition
TITLE STO NAME DANIELS, JOHN STREET ADDRESS 7600 BRYAN DA CITY-ST-ZIP LARGO, FL 337	VIRY RD	∑ ✓ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	6			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	3			☐ Change	Addilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP				☐ Change	Addition
12. I hereby certify that the inform indicated on this report or sure of the corporation or the receive changed, or on an attachment SIGNATURE: SIGNATURE: SIGNATURE SIGNATURE	oplemental report is ver or trustee empor t with an address, w	true and accurate and that r wered to execute this report	ny signature shal as required by C	l have the :	same legal ettec	ct as it made under oat as; and that my name a	n; that I am an office	or Block 11 if

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