

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

AND  
FILED

02 OCT -2 PM 4:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P990000 29537**

**1. Corporation Name**

Cypress Creek Equipment Sales & Service Inc

**2. Principal Office Address**  
12734 n Florida Ave

Suite, Apt. #, etc.

City & State  
Tampa, Florida

Zip Country  
33618 Hillsborough

**3. Mailing Office Address**  
PO Box 280279

Suite, Apt. #, etc.

City & State  
Tampa, Florida

Zip Country  
33618 Hillsborough

**REINSTATEMENT** 2001-2002

**4. Date Incorporated or Qualified  
To Do Business in Florida** 03-26-1999

**5. FEI Number**  
59-3557170

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  
**JAMES RHODES**

Street Address (P.O. Box Number is Not Acceptable)  
**1810 CLEMENT ROAD**

Suite, Apt. #, Etc.

City  
**LUTZ**

State  
**FL**

Zip Code  
**33549**

**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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date  
**09-10-2002**

**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
P	Phil Petresky	1810 Clement Road	Lutz, Fl. 33549

300008242733  
10/08/02 01001 001  
\*\*\*\*\*900.00 \*\*\*\*\*900.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-10-2002 813-949-4933

Date

Daytime Phone #

CR2ED81 (9/01)