

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC 17 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000035674

1. Corporation Name

Cypress Well Drilling, INC.

2. Principal Office Address

6688 Duckweed Rd

Suite, Apt. #, etc.

City & State

lake worth FL

Zip

33467

Country

US

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

**REINSTATEMENT 03**

4. Date Incorporated or Qualified  
To Do Business in Florida

99

5. FEI Number

65-0911834

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

100025561561

Name

Todd Seder

12/17/03--01058--014 \*\*750.00

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

6688 Duckweed Rd

Suite, Apt. #, Etc.

City

lake worth FL

State

FL

Zip Code

33407

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]*

Date 12-12-03

REGISTERED AGENT MUST SIGN

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip  |
|--------|--------------------------------------|---|---------------------|
| D      | Todd Seder                           | 6688 Duckweed Rd                                  | lake worth FL 33407 |
| D      | Lisa Seder                           | 6688 Duckweed Rd                                  | lake worth FL 33407 |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |

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

Todd Seder

12-12-03

Date

Daytime Phone #

0312

561 719

CR2E061 (10/02)