

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 NOV 20 PH 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000043002

1. Corporation Name

CYPRESS SHIPPING, INC.

Principal Place of Business

Mailing Address

918 NE 62ND ST., SUITE 105
FT. LAUDERDALE FL 33334

918 NE 62ND ST., SUITE 105
FT. LAUDERDALE FL 33334

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

2. New Principal Office Address, If Applicable

21346 ST. ANDREWS BLVD

Suite, Apt. #, etc.

175

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

Zip

33433

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/07/1999

5. FEI Number

65-0915818

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	MARMER, RICHARD	918 NE 62ND ST, UNIT 105 1855 NW 96TH AVE	FT. LAUDERDALE FL 33334 PLANTATION, FL 33324
			200003505932--6 -12/19/00--01064--009 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARMER, RICHARD
918 NE 62ND ST., SUITE 105
FT. LAUDERDALE FL 33334

Name

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

21346 ST. ANDREWS BLVD

Suite, Apt. #, Etc.

175

City

BOCA RATON

State

FL

Zip Code

33433

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

Richard Marmer **SIGNATURE REQUIRED**

Date

11/16/00

REGISTERED AGENT MUST SIGN

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:

Richard Marmer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/16/00

Daytime Phone #

(954) 829-7439

CR2E040 (9/00)