

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # S23786

1. Entity Name
CYPRESS FLORIDA REAL ESTATE, INC.



FILED
05 OCT -7 PM 4: 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
12206 QUAIL RIDGE DRIVE
SPRING HILL, FL 34610 US

Mailing Address
12206 QUAIL RIDGE DRIVE
SPRING HILL, FL 34610 US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 2244
Suite, Apt. #, etc.



09282005 REIN-P CR2E098 (6/04)

City & State
LAND O' LAKES FL

4. FEI Number
59-3045907
Applied For
Not Applicable

Zip
34639
Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CARREJA, TIRSO M JR
501 EAST KENNEDY BLVD.
SUITE 1700
TAMPA, FL 33602

7. Name and Address of New Registered Agent
Name S. L. STAFFORD
Street Address (P.O. Box Number is Not Acceptable)
15951 N FLORIDA AVE
City LUTZ FL Zip Code 33549

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 S. L. STAFFORD DATE 9-28-05
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME SCHAAD, ADRIAN
STREET ADDRESS 12206 QUAIL RIDGE DRIVE
CITY-ST-ZIP SPRING HILL, FL 34610 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
300060351553
10/07/05--01038--003 **750.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Date _____ Daytime Phone # _____
SIGNATURE (AND TYPED OR PRINTED NAME) OF SIGNING OFFICER OR DIRECTOR