

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PPM/1/02

APPLICATION FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P96000029934**

1. Corporation Name
1438 CYPRESS, INC.

FILED

02 NOV -6 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
PO BOX 1471 PO BOX 1616
BLOWING ROCK NC 28605 SEBRING FL 33870
US

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc. <i>P.O. BOX 1481</i>		Suite, Apt. #, etc.		04/05/1996	
City & State <i>Blowing Rock, NC</i>		City & State		5. FEI Number 65-0659568	
Zip <i>28605</i>		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	JONES, DEBORAH	PO BOX 1481	BLOWING ROCK NC

200008840542
11/06/02--01142--011 **150.00

02 UBR 178

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
BEATY, MASCIA 21615 VILLA NOVA DR5 BOCA RATON FL 33433		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State	Zip Code
		FL	

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. or 617.0505, F.S.

Signature of Registered Agent _____ **SIGNATURE REQUIRED** _____ Date _____

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: *Deborah Jones* **SIGNATURE REQUIRED** *10/28/02* *828-246-2174*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR28040 (8/02)

1438 Cypress

**1438 Cypress, Inc.
PO Box 1481
Blowing Rock, NC 28605**

October 29, 2002

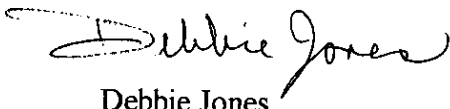
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Gentlemen:

Enclosed is the reinstatement report for 1438 Cypress, Inc. I did not receive the unsigned check you returned to me on June 18, 2002, therefore I did not realize our filing had not been processed in April 2002. I have enclosed a copy of the report I sent in April.

If you have any questions, please feel free to call #828-266-2174.

Sincerely,



Debbie Jones