

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 APR 10 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



**CORPORATION
REINSTATEMENT**

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

DOCUMENT #

341693

1. Corporation Name

CYBERECORD, INC.

2. Principal Office Address

10900 NE 8TH ST

Suite, Apt. #, etc.

900

City & State

BELLEVUE, WA

Zip

98004

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

SAME

Country

SAME

REINSTATEMENT 01-02

4. Date Incorporated or Qualified To Do Business in Florida

2/17/69

5. FEI Number

5909 40641

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

UNITED CORP SERVICES, INC.

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

9200 SOUTH DADELAND BLVD

Suite, Apt. #, Etc.

508

City

MIAMI

State

FL

Zip Code

33156-0000

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

Michael Barr, President

Date

4/2/02

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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	BRENT NELSON	10900-NE-8TH ST # 900	BELLEVUE-WA 98004

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

BRENT NELSON, PRES March 26/02

Date

Daytime Phone #

425-450-4999

CR2E081 (9/01)