

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAY 17 PM 12:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F0200004242

1. Corporation Name

Cyber New World Business, Inc.

**REINSTATEMENT 03-04**

300035714263

05/06/04--01057--011 \*\*750.00

2. Principal Office Address

425 East Colorado Blvd.,

3. Mailing Office Address

21031 Ventura Blvd.,

Suite, Apt. #, etc.

Suite 600

Suite, Apt. #, etc.

Suite 1010

City & State

Glendale, CA

City & State

Woodland Hills, CA

Zip

91205

Country

USA

Zip

91364

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 08/20/2002

5. FEI Number

522170672

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

CT CORPORATION SYSTEMS

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

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]*

TAMM COOPER  
ASSISTANT SECRETARY

Date

3/17/04

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
PD	DAVID S. DINGUERIAN	425 EAST COLORADO BLVD., # 600	GLENDALE, CA 91205
SD	ROBERT F. KLUEGER	21031 VENTURA BLVD., # 600	WOODLAND HILLS, CA 91364
CFOD	GAYLE M. BUTLER	425 EAST COLORADO BLVD., # 600	GLENDALE, CA 91205

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-8-04

(818)598-2252

Daytime Phone #

CR2E081 (01/04)