

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED
AND
FILED

99 JAN -6 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000003449

1. Corporation Name

Cybercast Technologies, Inc.

Principal Place of Business

Mailing Address

1800 Australian Avenue
Suite 100
West Palm Beach, Florida 33401

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

REINSTATEMENT *OB*

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

June 10, 1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For
☐ Not Applicable

City & State

City & State

West Palm Beach, Florida

Zip

Country

Zip

Country

33401

Palm Beach

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Stephen W. Kuska	1800 Australian Avenue Suite 100	West Palm Beach, FL 33401
VP	Mark Wood	1800 Australian Avenue Suite 100	West Palm Beach, FL 33401
S	Stephen W. Kuska	1800 Australian Avenue Suite 100	West Palm Beach, FL 33401
T	Stephen W. Kuska	1800 Australian Avenue Suite 100	West Palm Beach, FL 33401

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***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Charlotte Bouchard
660 Pine Ridge Terrace
Davie, Florida

Name

Stephen W. Kuska

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

1800 Australian Avenue

Suite, Apt. #, Etc.

Suite 100

City

West Palm Beach

State

FL

Zip Code

33401

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

Stephen W. Kuska

REGISTERED AGENT MUST SIGN

Date 12/17/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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)(f), 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:

Stephen W. Kuska
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Stephen W. Kuska

12/17/98

Date

361/640-0677
Daytime Phone #

CR25040 (1/98)