	PLE/	ASE READ	ALL INST	FRUCTIONS	BEFORE C	COMPLET	ING THIS F	ORM		
PLEASE READ ALL INSTE				A DEPARTMENT OF STATE		AND				
FOR			) '	Sandra B. Mo		FILED				
REINS	TATEMEN	IT	DI	Secretary of : IVISION OF CORPC			98 NOV	30 AHII: 18	5	
DOCUMENT # F9700006412  1. Corporation Name						SECRETARY OF STATE TALLAHASSEE, FLORIDA				
CYBERLIGHT INTERNATIONAL, INC.							i had government of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
O'BENEIGHT HATELUARIONAL, MAG.						10	000027	<mark>706311</mark> - ′33010670	3	
Principal Place	e of Business		Mailing Addre	ess		1	-12/08/ ****75	′38010670 0 00 ****75	016 30 00	
Asher status as as as				re BLVD., Suite 900 IICA CA 90401						
If above addresses are incorrect in any way, line through incorrect information and enter correction below.							TATEM	FNT 9	Q)	
				ing Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida				
Suite, Apt. #, e	etc.		Suite, Apt. #,	Suite, Apt. #, etc.			12/05/1997			
City & State			City & State			5. FEI Number Applied For Not Applicable				
Zip Country			Zip Country		ý	6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee requir for a Certificate of Status			Fee required	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers  Street Address of Each										
Title(s)	2 and/or Directors Street Addres Officer and/o Officer and						4	City / State / Zip	,	
PD L'	LYDIATE, RICHARD L 401 WILSHIRE				LVD., SUITE 900	SANTA MONICA CA 90401				
DV B	WHIT DANA			401 WILSHIRE BLVD., SUITE 900			SANTA MONICA CA 90401			
SD H	HALL, CHRISTOPHER G			401 WILSHIRE BLVD., SUITE 900			SANTA MONICA CA 90401			
ע פשע	MARK	LENFS	TOGT	401 603	LS C+ L R G	900	Sauta	Noweca.	40.001	
	_	NA Lec				900	Aruns	Mowaca	90401 0 A 0	
				-						
	8. Name and Ad	Idress of Current Re	agistered Ager	nt		9. Name and A	ddress of New Reg	istered Agent		
NRAI SERVICES, INC.								1/2	12	
526 E. PARK AVENUE					Street Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE FL 32301					Suite, Apt. #, Etc.					
					City State Zip Code					
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 Better Better Agent MUST SIGN Date 1/- 23-98										
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 filling 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 Date Daytime Phone #										

/ 11/12/98 3/0-899-Y 900 Dattime Phone #