

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

**FILED**

01 MAR 21 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** F98000001111

**1. Corporation Name**

Salient Cybertech, Inc.

**2. Principal Office Address**

1999 Lincoln Drive

Suite, Apt. #, etc.

Suite 202

City & State

Sarasota, FL

Zip

34236

Country

USA

**3. Mailing Office Address**

1999 Lincoln Drive

Suite, Apt. #, etc.

Suite 202

City & State

Sarasota, FL

Zip

34236

Country

USA

**REINSTATEMENT**

00-01

**4. Date Incorporated or Qualified  
To Do Business in Florida**

6/93

**5. FEI Number**

35-1990559

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

Paul A. Sloan

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

1999 Lincoln Drive

Suite, Apt. #, Etc.

Suite 202

City

Sarasota

State

FL

Zip Code

34236

**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

REGISTERED AGENT MUST SIGN

Date

3/20/01

**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
D/P	Paul A. Sloan	4266 Higel Avenue	Sarasota, FL 34242
S	Melanie Meer	32 Woody Brook Lane	Croton-on-Hudson, NY 10520
D	James Vondra	216 Overcrest Drive	Benbrook, TX 76126
D	Kim Adolphe	Site 38, RR #12	Calgary, Canada T3E6W5
D	Jim Marquis	Corporate Drive	Danbury, CT 06810

**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

Date

Daytime Phone #

Paul A. Sloan, President 3/6/01 941-9853  
6168

CR2E081 (9/00)