PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
00 MAY -4 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000001509

1. Corporation Name

CYBERCO HOLDINGS, INC.

Principal Place of Business	Mailing Address
5910 TAHOE DR. GRAND RAPIDS MI 49546	5910 TAHOE DR. GRAND RAPIDS MI 49546

REINSTATEMENT 99-00

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
25 S. Division Ave.	25 S. Division Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Grand Rapids, MI	City & State: Grand Rapids, MI
Zip: 49503 Country: Kent	Zip: 49503 Country: Kent

4. Date Incorporated or Qualified To Do Business in Florida: 03/17/1998

5. FEI Number: 38-3073682 ☐ Applied For ☐ Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
~~PD~~	~~WATSON, KRISTA~~	~~5910 TAHOE DR SE~~	~~GRAND RAPIDS MI 49546~~
V	MAST, JONTHAN	5910 TAHOE DR SE	GRAND RAPIDS MI 49546
STDC	WATSON, BARTON	5910 TAHOE DR SE	GRAND RAPIDS MI 49546
D	WATSON, KRISTA	25 S. DIVISION AVE.	GRAND RAPIDS MI 49503
STDC	WATSON, BARTON	25 S. DIVISION AVE.	GRAND RAPIDS MI 49503
P	HORTON, JAMES	25 S. DIVISION AVE.	GRAND RAPIDS MI 49503

8. Name and Address of Current Registered Agent

MARTIN, DAVID
2419 HARN BLVD.
CLEARWATER FL 33764

9. Name and Address of New Registered Agent

Name: DAVID MARTIN
Street Address (P.O. Box Number is Not Acceptable): 877 EXECUTIVE CIRCLE DR WEST
Suite, Apt. #, Etc.: SUITE 306
City: ST PETERSBURG State: FL Zip Code: 33702

ORZED40 (5/99)

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: David G. Martin Date: 5/1/00
REGISTERED AGENT MUST SIGN

11. 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.

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****900.00 ****900.00

SIGNATURE: JAMES HORTON 3/7/00 (616) 913-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0095417 AB