

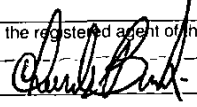
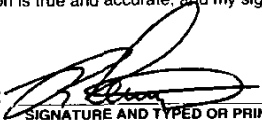


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> F99000003226			
1. Corporation Name <b>CyberConstruction Company, Inc.</b>			
Principal Place of Business		Mailing Address	
1100 East William Street, Suite 207 Carson City, NV 89701			
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	
Suite, Apt. #, etc.		5701 E. Hillsborough Ave. Suite, Apt. #, etc. Suite 2120	
City & State		City & State Tampa, FL	
Zip	Country	Zip	Country
		33610	USA
		4. Date Incorporated or Qualified To Do Business in Florida 6/22/99	
		5. FEI Number 59-3573075	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
<b>REINSTATEMENT</b> 			
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
CP	Brink, Charles R.	5412 Pine Bay Drive	Tampa, FL 33625
D	Wall, James K.	4655 Waterford Court NE	St. Petersburg, FL 33703
D	Walker, Leon	3901 Kencrest Court	Mitchellville, MD 20721
S	Turk, Douglas	5412 Pine Bay Drive	Tampa, FL 33625
T	Levitt, Ronald C.	5412 Pine Bay Drive	Tampa, FL 33625
		400003515034-7 -12/27/00--01083--013 ****750.00 ****750.00	
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name Charles R. Brink Street Address (P.O. Box Number is Not Acceptable) 5412 Pine Bay Drive Suite, Apt. #, Etc. City Tampa, State FL Zip Code 33625	
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 		Date 12/17/00	
REGISTERED AGENT MUST SIGN			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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)(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: 		Ron Levitt, CFO 12/17/00 813 739 2000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E081 (12/98)