

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -8 PM 2:01

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # J 46640 (5)

1. Corporation Name

CYBER-TEST, INC.

2. Principal Office Address
448 Commerce Way

3. Mailing Office Address
448 Commerce Way

Suite, Apt. #, etc.
Bldg. 100

Suite, Apt. #, etc.
Bldg. 100

City & State
Longwood, FL

City & State
Longwood, FL

Zip Country
32750 USA

Zip Country
32751 USA

4. Date Incorporated or Qualified
To Do Business in Florida 12/11/1986

5. FEI Number
59-2747946

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-00

7. Name and Address of Current Registered Agent

Name

R. Lee Bennett, Esquire

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

Suite, Apt. #, Etc.
Suite 1400

City

Orlando

State
FL

Zip Code
32801

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 5-1-00

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
P	Reid, Frederick H.	1941 Conifer Court	Winter Springs, FL
D/S	Welton, Lisa A.	1361 Black Willow Trail	Altoante Springs, FL
D/T	Heynssens, Robert P.	216 North Bluff	Gladstone, MI
		<i>[Signature]</i>	

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-00 (407) 260 5602

CR2E081 (9/99)