FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 JUN 14 AM 8:26

DOCUMENT # L00000013517

1. Limited Liability Company's Name
CYBER FISH L.C.

2. Principal Office Address	3. Mailing Office Address
10325 Cross Creek Blvd	1529 Palermo Ave.
Suite, Apt. #, etc.: Ste. #17	Suite, Apt. #, etc.
City & State: TAMPA FL	City & State: CORALGABLES, FL
Zip: 33647 Country:	Zip: 33134 Country:

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 11/02/2000

6. FEI Number: 30-0037930 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: VISHAL MAHTANI

Street Address (P.O. Box Number is Not Acceptable): 10325 Cross Creek Blvd

Suite, Apt. #, Etc.: Suite # 17

REINSTATEMENT 03-05

City: TAMPA State: FL Zip Code: 33647

X 9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Vish M. Mahtani Date:

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MM	VISHAL MAHTANI	10325 Cross Creek Blvd. Ste. #17	TAMPA, FL 33647

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06/14/05--01077--002 **250.00

X 11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: Vish M. Mahtani Date: 6/8/05 Daytime Phone #: 727-232-1797

Typed or printed name of signing Managing Member/Manager: