

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
09 SEP -1 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L02000025861**

1. Limited Liability Company's Name
CYBERBIOMED, LLC

2. Principal Office Address - No P.O. Box # 3605 S OCEAN BLVD		3. Mailing Office Address 3605 S OCEAN BLVD	
Suite, Apt. #, etc. # A-335		Suite, Apt. #, etc. # A-335	
City & State PALM BEACH, FL		City & State PALM BEACH, FL	
Zip 33480	Country US	Zip 33480	Country US.

CR2E041 (10/08)

4. State/Country of Formation
FL, UNITED STATES

5. Date Organized or Qualified To Do Business in Florida
OCTOBER 2ND 2002

6. FEI Number
743063324

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
GEORGE KOVERDAN

Street Address (P.O. Box Number is Not Acceptable)
3605 S OCEAN BLVD

Suite, Apt. #, Etc.
A-335

City
PALM BEACH

State
FL

Zip Code
33480

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 **G. Koverdan** Date **8/21/09**

REGISTERED AGENT MUST SIGN

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
Member/Manager	George Koverdan	3605 S OCEAN BLVD # A-335	PALM BEACH FL 33480
member	WOJCIECH MUSIALIK	3605 S OCEAN BLVD # A-335	PALM BEACH FL 33480
S. HAWKES			
REINSTATEMENT		SEP 01 2009	
2006-		EXAMINER	
		200160030382 08/27/09--01045--009 **\$55.00	

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 **G. Koverdan** Date **8/21/09** Daytime Phone# **561 585 7130**

Typed or printed name of signing Managing Member/Manager **George KOVERDAN**