

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

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

3605 S OCEAN BLVD

Suite, Apt. #, etc.

A-335

City & State

PALM BEACH, FL

Zip

33480

Country

US

3. Mailing Office Address

3605 S OCEAN BLVD

Suite, Apt. #, etc.

A-335

City & State

PALM BEACH, FL

Zip

33480

Country

US.

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

☐ 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.

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

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 | 200160030382 |
| | 2006- | EXAMINER | 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