

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

00 DEC -6 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L990000005279**

1. Limited Liability Company's Name

CYBERTEC TECHNOLOGIES, LLC

REINSTATEMENT 2000

2. Principal Office Address

7236 NW 31st STREET

Suite, Apt. #, etc.

3. Mailing Office Address

7236 NW 31 STREET

Suite, Apt. #, etc.

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

08/25/99

City & State

MIAMI, FL

City & State

MIAMI FL

Zip

33122

Country

USA

Zip

33122

Country

USA

6. FEI Number

65-0944830

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

SPIEGEL & UTRERA, P.A.

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

343 ALHERIA AVENUE

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

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.

Spiegel & Utrera, P.A.

Signature of
Registered Agent By:

Natalia Utrera, Vice President

Date

12/5/00

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
MGR	HELMO P. VELASCO	7263 NW 31st STREET	MIAMI, FL 33122
VICE MGR	DOUGLAS VELEZ	7263 NW 31st STREET	MIAMI, FL 33122
VSEC.	RUTH VELEZ	7263 N.W. 31st STREET	MIAMI, FL 33122
TREAS.	HELMO P. VELASCO	7263 N.W. 31st STREET	MIAMI, FL 33122

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

Date **11/29/00**

Daytime Phone # **305 468 0098**

Typed or printed name of signing Managing Member/Manager

HELMO P. VELASCO