

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherin Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAY -8 AM 9:51

DOCUMENT # M 728 58 (7)

1. Corporation Name

CIBERNETICA HUMANISTICA, INC.

2. Principal Office Address

330 SW 27 AVE

Suite, Apt. #, etc.

SUITE 405

City & State

MIAMI, FL.

Zip

33135

Country

USA

3. Mailing Office Address

330 SW 27 AVE

Suite, Apt. #, etc.

SUITE 405

City & State

MIAMI, FL.

Zip

33135

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3-14-1988

5. FEI Number

65-0040453

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RUPERT SALVADEAU

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

128 NW 27 CT.

Suite, Apt. #, Etc.

City

MIAMI

000004315800-5

05/24/01 01087-022

****450.00 ****450.00

State

FL

Zip Code

33125

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 5/03/01

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

PST SALVADEAU, RUPERT

128 NW 27 CT.

MIAMI, FL. 33125

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 application are true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

RUPERT SALVADEAU

5/03/01

305-649-3393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)