

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

99 DEC 30 PM 4:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000006081**

1. Corporation Name

THE NATIONAL CYBERAGENT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O DOUGLAS S. BELL
215 S. MONROE ST.
TALLAHASSEE FL 32301

P.O. BOX 10095
TALLAHASSEE FL 32302-2095



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/1998

5. FEI Number

65-0960162

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)

2

3

Street Address of Each
Officer and/or Director

4 City / State / Zip

~~D~~ DUMAS, MARCUS

~~10275 COLLINS AVE., STE. 1531~~

~~MIAMI FL 33154~~

D LAYNE, LISA

701 BRICKELL AVENUE
SUITE 1850
10275 COLLINS AVE., STE. 1531

MIAMI FL 33154 33131

D REYNOLDS, KARLA

701 BRICKELL AVENUE
SUITE 1850
10275 COLLINS AVE., STE. 1531

MIAMI FL 33154 33131

~~D~~ FULTON, MARCIA

~~700 SWAN AVE.~~

~~MIAMI SPRINGS FL 33166~~

D URRRA, MARTIN

701 BRICKELL AVENUE
SUITE 1850

MIAMI FL 33131

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BELL, DOUGLAS S

PENNINGTON, MOORE, WILKINSON, BELL DUNBAR

215 S. MONROE ST., 2ND FLOOR

TALLAHASSEE FL 32301

Name

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

Suite, Apt. #, Etc.

City

300003095683--0

01/12/00 01033--006

****245.00 ****245.00

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/29/99

11. 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 form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

[Signature] Lisa Layne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-28-99 (305)810-1806

CR2E040 (8/99)