

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP 20 PM 4: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-07
CR2E061 (1/07)

DOCUMENT # P 00000014810

1. Corporation Name

JT CYBER TECHNOLOGIES, INC.

2. Principal Office Address - No P.O. Box #
17949 30TH LANE NORTH

3. Mailing Office Address
17949 30TH LANE NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LOXAHATCHEE, FL.

City & State
LOXAHATCHEE, FL.

Zip
33470

Country
U.S

Zip
33470

Country
U.S

4. Date Incorporated or Qualified To Do Business in Florida 02/11/2000

5. FEI Number
65-0981942

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
TIMOTHY L. WATTS

Street Address (P.O. Box Number is Not Acceptable)
17949 30TH LANE NORTH

Suite, Apt. #, Etc.

City
LOXAHATCHEE, FL.

State Zip Code
FL 33470

The 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 reinstatement fee be waived.

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 Tim Watts

Date 08/31/2007

REGISTERED AGENT MUST SIGN

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
PDTS	TIMOTHY L. WATTS	17949 30TH LANE NORTH	LOXAHATCHEE, FL. 33470

8/21

400109710554
09/20/07--01043--014 **600.00

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 form do not qualify for an exemption contained in Chapter 119, 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: Tim Watts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/31/2007
Date

561-670-5770
Daytime Phone #

JT CYBER TECHNOLOGIES INC
17949 30TH LANE NORTH
LOXAHATCHEE, FL. 33470

August 31st 2007

Secretary of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Fl. 32301

Ref.: Doc # P00000014810
J T CYBER TECHNOLOGIES INC

Dear Sir/Madam,

Enclosed please find Corporation Reinstatement form for the above corporation. We did not receive the Annual Report renewal report for 2004. Enclosed also find a check in the amount of \$ 600.00 for the renewal fees for the four years from 2004, 2005, 2006 and 2007

As this is our first time being late kindly, please waive the penalty to reinstate my corporation.

I sincerely apologize for any inconvenience caused to you, and hope to reinstate this corporation as soon as possible.

Thank you,

Sincerely,



Timothy L. Watts
President