

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PS10F3

**CORPORATION**  
**REINSTATEMENT**

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

FILED

01 NOV 21 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000039654

1. Corporation Name

ZYBERTOUR, INC.

2. Principal Office Address

8651 Commodity Circle

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32819

Country

USA

3. Mailing Office Address

8651 Commodity Circle

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32819

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04/20/2000

5. FEI Number

59-3645522

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

JUDITH I. SEGELIN

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

701 Peachtree Road

Suite, Apt. #, Etc.

City

Orlando

State  
FL

Zip Code  
32804

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 11/20/01

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
D/P	FERNANDEZ, WILLIAM	2200 Pineneedle Tr.	Kissimmee, FL 34746
D	ROMAND, JR., JAMES P.	5609 Delano Lane	Orlando, FL 32821
D	MARTINEZ, KENT	2290 Westminster Terrace	Oviedo, FL 32765

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-25-01 407435-6830

Daytime Phone #

407435-6830