

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 13 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000041622

1. Corporation Name
Cyber Investments International, Inc.

2. Principal Office Address
1348 Washington Avenue
Suite, Apt. #, etc.
261

City & State
Miami Beach, Florida
Zip
33139 Country
USA

3. Mailing Office Address
1348 Washington Avenue
Suite, Apt. #, etc.
261

City & State
Miami Beach, Florida
Zip
33139 Country
USA

200037287462
05/25/04--01010--024 **300.00

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida *04/25/2000*

5. FEI Number
651033618

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
Fred Elmaleh

Street Address (P.O. Box Number is Not Acceptable)
1348 Washington Avenue, Suite 261

Suite, Apt. #, Etc.

City
Miami Beach

State
FL Zip Code
33139

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

Date *May 2, 2004*

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 |
|--------|--------------------------------------|---|--------------------------------------|
| PD | Victor Elmaleh | 59 McCabe Crescent | Thornhill, Ontario Canada L4J 2S6 |
| CEOT | Fred Elmaleh | 1348 Washington Ave. #261 | Miami Beach, FL 33139 |
| VSD | Rebecca Weinberg | 781 King St. West #603 | Toronto, Ontario, Canada M5V 3L5 |
| VD | Alex Bukhshtaber | 25 Thomas Henry Road | Thornhill, Ontario Canada L4J 2S6 |
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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

May 2, 2004 305-588-7332
Date Daytime Phone #

CR2ED81 (07/04)