
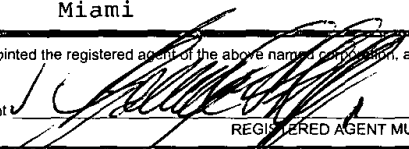
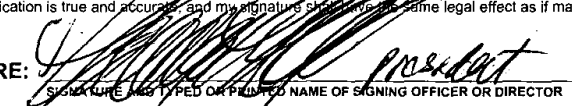


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000042614					
1. Corporation Name Cybervasst Technologies, Inc.					
2. Principal Office Address 9756 SW 222 St. Suite, Apt. #, etc. City & State Miami, FL Zip 33190		3. Mailing Office Address 6401 SW 87th Ave., Suite, Apt. #, etc. Suite 204 City & State Miami, FL Zip 33173		4. Date Incorporated or Qualified To Do Business in Florida 4/27/00	
				5. FEI Number 65-1003776	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Barry C. Leff					
Street Address (P.O. Box Number is Not Acceptable) 4756 SW 222 St					
Suite, Apt. #, Etc.					
City Miami				State FL	Zip Code 33190
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 10/17/01	
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	
P	Barry c Leff	9756 SW 222 St.		Miami, FL 33190	
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 10/17/01 Daytime Phone # 305-256-9016	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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JACOBS & CARNEY
CERTIFIED PUBLIC ACCOUNTANTS

SUITE 204
6401 S.W. 87 AVENUE
MIAMI, FLORIDA 33173
TELEPHONE (305) 274-1200
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STUART L. JACOBS, PFS, C.P.A. (FLA)
REGISTERED INVESTMENT ADVISOR
JERRY L. CARNEY, C.P.A. (FLA)
MYRON R. KAHN, C.P.A. (FLA)
DAVID L. JACOBS, C.P.A. (FLA)

MEMBERS
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

October 18, 2001

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

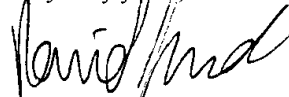
RE: Cybervast Technologies, Inc.

To Whom It May Concern,

We are the accountants for the above referenced taxpayer and are in writing in response to a telephone call made to your office this morning. This corporation did not file their 2001 U.B.R. because, according to the owner of the corporation, no documentation was ever received from your office. We attempted, back in July, to file the proper form with you but received no response. We then found out after a phone call to your office that you did mail us a response on August 15, but again we did not receive that reply. It also came to our attention that in your records it states that a preprinted U.B.R. was filed with our earlier correspondence. In fact, we did file a preprinted form that we ordered from your office but not the form that is preprinted with the corporation's information.

Enclosed please find a check in the amount of \$150 to cover the 2001 filing fee, please waive the penalty as this corporation had never received correspondence from your office.

Very truly yours,



David L. Jacobs, CPA