

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P00000076712

1. Corporation Name  
CYBERLEVERAGE.COM, INC.

Principal Place of Business  
750 ST. ALBANS DRIVE  
BOCA RATON FL 33486

Mailing Address  
750 ST. ALBANS DRIVE  
BOCA RATON FL 33486

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

2. New Principal Office Address, If Applicable  
14401 SOUTH MILITARY TRL  
Suite, Apt. #, etc.  
SUITE # E-210  
City & State  
DELRAY BEACH, FL.  
Zip  
33484  
Country  
USA

3. New Mailing Office Address, If Applicable  
P.O. BOX 8227  
Suite, Apt. #, etc.  
P.O. BOX 8227  
City & State  
DELRAY BEACH, FL  
Zip  
33482  
Country  
USA

05-03-01 90036 045 \$150.00

4. Date Incorporated or Qualified To Do Business in Florida  
08/14/2000

5. FEI Number  
65-1033645

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	SULAIMAN, BIN Y	750 ST. ALBANS DRIVE 14401 S. MILITARY E-210	BOCA RATON FL 33486 DELRAY Bch., FL 33484
D	SULAIMAN, IRMA R	750 ST. ALBANS DRIVE 14401 S. MILITARY E-210	BOCA RATON FL 33486 DELRAY Bch., FL 33484

8. Name and Address of Current Registered Agent

SULAIMAN, BIN Y  
750 ST. ALBANS DRIVE  
BOCA RATON FL 33486

9. Name and Address of New Registered Agent

Name  
BIN Y. SULAIMAN  
Street Address (P.O. Box Number is Not Acceptable)  
14401 S. MILITARY TRL.  
Suite, Apt. #, Etc.  
E-210  
City  
DELRAY BEACH  
State  
FL  
Zip Code  
33484

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  
Date 10-28-2001  
REGISTERED AGENT MUST SIGN

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: BIN Y. SULAIMAN  
10-28-2001 561-417-4900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date  
Daytime Phone #

**CYBERLEVERAGE.COM, INC.**

P.O. Box 8227  
Delray Beach, Florida 33482  
E.L.N. 65-1033645

10/28/2001

Re: Application for Reinstatement  
Doc# P00000076712  
Florida Dept. of State  
Katherine Harris  
Division of Corporations  
REINSTATEMENT SECTION  
P.O. Box 6327  
Tallahassee, FL 32314-6327

- I immediately submitted and paid the correct payment requested in the May 2001 mailing to me from the Dept. of State. My payment was made May 2001.
- I have been told, by phone by the Dept. of State, that the Application submitted with my payment May 2001 did not include the corporation Tax ID Number; this is the cause for the corporation Administrative Dissolution.

**Please find enclosed attached to this letter my properly completed Application for Reinstatement.**

Please reinstate CYBERLEVERAGE.COM, INC. effective immediately.



Bin Y. Sulaiman  
CYBERLEVERAGE.COM, INC.  
President

561-417-4900