

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 AUG -4 PM 1:21

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO1000029650**

1. Corporation Name

Cybernetic Industrial Corp.

2. Principal Office Address

8290 Lake Dr.

Suite, Apt. #, etc.

#407

City & State

Miami, Fl.

Zip

33166

Country

USA

3. Mailing Office Address

8290 Lake Dr.

Suite, Apt. #, etc.

#407

City & State

Miami, Fl.

Zip

33166

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

March 22, 2001

5. FEI Number

65-1087206

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

Vitali Prisacar

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

8290 Lake Dr.

Suite, Apt. #, Etc.

#407

City

Miami

State
FL

Zip Code

33166

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]

Date

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	Vitali Prisacar	8290 Lake Dr. #407	Miami, FL 33166

STATEMENT 02-04

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)(f), 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

[Signature]

Date

Daytime Phone #