

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -6 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000049363

1. Corporation Name

CYBER DEVELOPMENT, INC.

Principal Place of Business

3533 NW 82 AVENUE
MIAMI FL 33122

Mailing Address

3533 NW 82 AVENUE
MIAMI FL 33122

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/17/2001

5. FEI Number

☒ Applied For

☐ Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	MALTER, MARIA A	9341 BAY DRIVE	SURFSIDE FL 33154
VP	MEADOWS, MARINA	3533 NW 82 AVENUE	MIAMI FL 33122
SD	DEGREGORIO, PATRICIA	367 GOLDEN BEACH DRIVE	GOLDEN BEACH FL 33160

8. Name and Address of Current Registered Agent

OVIES, IDA C
2307 DOUGLAS RD
SYE 400
MIAMI FL FL

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2ED40 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

IDA OVIES SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/31/02

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:

IDA OVIES SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/02

Date

Daytime Phone #

payroll

CYBER DEVELOPMENT, INC
3533 NW 82 AVENUE
MIAMI, FLA 33122

October 31, 2002

Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, Fla 32314

Re: UBR 2002

Dear Sirs:

Please find enclosed completed application for reinstatement and check for \$150 annual fee for Cyber Development Corp., Document# P01000049363.

We never received the first or second UBR forms for 2002.

Please file the reinstatement as soon as possible.

Thank you.

Respectfully,



Maria A. Malter
President