

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 12 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000057731

1. Corporation Name

CYBER CORPORATION

6993 NW 82 AVE.

2. Principal Office Address

6993 NW 82 AVE.

3. Mailing Office Address

Suite, Apt. #, etc.

#23

Suite, Apt. #, etc.

#23

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33166

Country

USA

Zip

33166

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/11/01

5. FEI Number
65-1111958

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

MAURICIO G. BARBINI

Street Address (P.O. Box Number is Not Acceptable)
6993 NW 82 AVE.

Suite, Apt. #, Etc.
#23

City
MIAMI

State Zip Code
FL 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

for barini

Date 10/06/2004

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
PTSD	MAURICIO G. BARBINI	6993 NW 82 AVE.#23	MIAMI, FL 33166
V	MILLY AVILA	6993 NW 82 AVE. #23	MIAMI, FL 33166

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10/12/04--01053--014 **900.00

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:

for barini

SIGNATURE AND TYPE FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/6/04 (305) 392-6652

Date

Daytime Phone #

CR2001 (01/04)