

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN -2 AM 8:01

DOCUMENT # P01000070411

1. Corporation Name

CYSTODYNAMICS, CORP.

Principal Place of Business

Mailing Address

20011 NE 10TH PL
N MIAMI BCH FL 33179

20011 NE 10TH PL
N MIAMI BCH FL 33179



500009224305
11/26/02--01055--007 **158.75

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

2. New Principal Office Address, If Applicable

36615 MIAMI AVE

Suite, Apt. #, etc.

1003

City & State
MIAMI, FL/USA

Zip
33133

Country
DADE

3. New Mailing Office Address, If Applicable

36615 MIAMI AVE

Suite, Apt. #, etc.

1003

City & State
MIAMI, FL/USA

Zip
33133

Country
DADE

4. Date Incorporated or Qualified
To Do Business in Florida

07/16/2001

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 |
|---------------|---|--|-------------------------|
| D | FAJARDO, ADRIANA L | 20011 NE 10TH PL | N MIAMI BCH FL 33179 |
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| | | | |
| | | | |
| | | | |

500009224305
12/16/02--01055--002 **150.00

8. Name and Address of Current Registered Agent

FAJARDO, ADRIANA L
20011 NE 10TH PL
N MIAMI BCH FL 33179

Adriana Fajardo

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

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

Adriana Fajardo

REGISTERED AGENT MUST SIGN

Date

11/20/02

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:

Adriana Fajardo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/12/02 305-856-4153

Date

Daytime Phone #

CR20040 (8/02)

**CYSTODYNAMICS CORP.,
3661 S MIAMI AVENUE
SUITE 1003
MIAMI, FL. 33133**

November 20, 2002

Florida Department of State
Division of Corporations
Annual Report
P.O. Box 6327
Tallahassee, FL 32314-6327

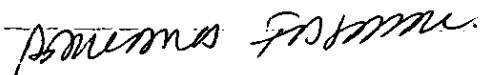
RE: Document #P01000070411

To Whom It May Concern:

Please, reinstate this corporation as we did not receive the two prior UBR notices.
Enclosed is the completed applications for reinstatement and our check for \$158.75.

Thank you for your consideration to this matter.

Sincerely,


Adriana L. Fajardo