

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 22 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000100451

1. Corporation Name

CYBERNET BREVARD, INC.

Principal Place of Business

4680 LIPSCOMB STREET NORTHEAST
PALM BAY FL 32905
US

Mailing Address

4680 LIPSCOMB STREET NORTHEAST
PALM BAY FL 32905
US

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

10/16/2001

5. FEI Number

59-3752178

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GAY, HUMBERTO Jakiel, Robert	708 PAMPAS STREET 1565 Giles Street	PALM BAY FL 32907
D	JAKIEL, LINDA	1565 GILES STREET	PALM BAY FL 32907

800008545988
10/23/02--01054--003 **150.00

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

Robert Jakiel

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

1565 Giles Street NW

Suite, Apt. #, Etc.

City

Palm Bay

State

FL

Zip Code

32907

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

Robert Jakiel

REGISTERED AGENT MUST SIGN

Date

10/21/02

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:

Robert Jakiel SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

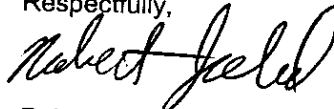
10/21/02 (321) 951-8802

10/21/02

To Whom it may concern,

Over the calendar year of 2002 I have not received any paperwork or forms regarding a UBR. During this time I have spent a considerable sum of money paying invoices that my registered agent had sent me. I inquired as to what had to be done with the state of Florida to keep everything legal at which time my registered agent assured me everything was taken care of. Unfortunately I was misinformed and I apologize for any inconvenience that has occurred because of this. Enclosed you will find a completed reinstatement form along with a check for \$150.00 as specified. I again apologize for any inconvenience and assure the State that this will not happen again.

Respectfully,

A handwritten signature in cursive script, appearing to read "Robert Jakiel".

Robert Jakiel