

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 30 AM 10:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P02000062254**

1. Corporation Name

**CYBERNETEXPRESS.NET, INC.**

Principal Place of Business

Mailing Address

20860 SAN SIMEON WAY  
UNIT 303  
MIAMI FL 33179

20860 SAN SIMEON WAY  
UNIT 303  
MIAMI FL 33179

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



**REINSTATEMENT 03**

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

06/05/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number (EIN)

04-3683919

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	FRANCIS, TINO	20860 SAN SIMEON WAY #303	MIAMI FL 33179

900024265279  
10/30/03--01007--008 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FRANCIS, TINO  
20860 SAN SIMEON WAY  
UNIT 303  
MIAMI FL 33179

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	FL

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

*Francis Tino*  
REGISTERED AGENT MUST SIGN

Date

10/24/03

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:

*Francis Tino*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/03  
Date

786-586-4162  
Daytime Phone #

CR2E040 (7/03)

To whom it may concern.

I did not receive any of the two prior notices regarding application for reinstatement. Unfortunately I'm sending my application in late. I called the office phone number (850-245-6059) and explained the situation. I'm asking you to waive the \$600 application fee and accept the \$150.00 for the final fee. Thank you you may call me Tim Francis at 786-586-4162.

Thank You

Tim Francis

10/24/03