

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB 15 AM 11:23

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000033904

1. Corporation Name

CYBER WORLD SOLUTIONS, INC.

2. Principal Office Address - No P.O. Box #

5255 SW 133 CT DR.

Suite, Apt. #, etc.

3. Mailing Office Address

5255 SW 133 CT DR.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33175

Country

US

Zip

33175

Country

US

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida 02/05/2008

5. FEI Number

☒ 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

DIGNA M. DIAZ

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

5255 SW 133 CT. DR

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33175

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 02/05/2008

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
PD	DIGNA M. DIAZ	5255 SW 133 CT DR.	MIAMI, FL. 33175
VP	LAZARO J. DIAZ	5255 SW 133 CT DR.	MIAMI, FL. 33175

REINSTATEMENT

OS-08

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02/20/08--01031--008 ***END**

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 filling 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 contained in Chapter 119, 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/05/2008

Date

Daytime Phone #