

2009

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000024619

1. Corporation Name

JEP Cyber, Corp

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

5035 Palm Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

Same

City & State

Hialeah, FL

City & State

Zip

33012

Country

U.S.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-2364068

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

Christian Wittmund

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

5035 Palm Ave

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33012

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

x Christian Wittmund

REGISTERED AGENT MUST SIGN

Date

x 11/25/09

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
P/D	Wittmund, Christian	5035 Palm Ave	Hialeah FL 33012

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

x Christian Wittmund

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

x 11/25/09

Daytime Phone #

FILED

09 DEC -2 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA200163256882
12/02/09--01033--015 **450.00

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