

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000158732

1. Corporation Name

Cybercom, Inc.

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

9889 NW 1st Court

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip Country

33324

3. Mailing Office Address

9889 NW 1st Court

Suite, Apt. #, etc.

City & State

Plantation FL

Zip Country

33324

REINSTATEMENT 06-09

4. Date Incorporated or Qualified  
To Do Business in Florida 12/2/2005

5. FEL Number

86-1153916

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$0.75 additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jorge L. Rodriguez

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

9889 NW 1st Court

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

☒ 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 section 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/7/09

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
Pres	Jorge L. Rodriguez	9889 NW 1st Court	Plantation, FL 33324
VP	Maria F. Burks	9889 NW 1st Court	Plantation FL 33324

10. E-mail Address: JLRodmoli@aol.com

(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone#

11/7/09 305-610-4665