

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 20 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000067842**

1. Corporation Name

**CIBERBYTE INC.**

Principal Place of Business

Mailing Address

2145 DAVIE BLVD

~~STE 206~~

FT. LAUDERDALE FL 33312

2145 DAVIE BLVD

~~STE 206~~

FT. LAUDERDALE FL 33312

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

**Suite # 205**

City & State

Suite, Apt. #, etc.

**Suite # 205**

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**09/23/1993**

5. FEI Number

**65-0436584**

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<b>D</b>	<b>EDMONSTON, GISELE</b>	<b>2613 OKEECHOBEE LANE</b>	<b>FT. LAUDERDALE FL 33312</b>

**300023765533**  
10/13/03 01097 000 \*\*150.00

8. Name and Address of Current Registered Agent

**EDMONSTON, GISELE**

**2145 DAVIE BLVD**

~~STE 206~~

**FT. LAUDERDALE FL 33312**

9. Name and Address of New Registered Agent

Name

**Edmonston, Beth**

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

**2145 Davie Blvd.**

Suite, Apt. #, Etc.

**Suite # 205**

City

**Fort Lauderdale**

State

**FL**

Zip Code

**33312**

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

*Beth A. Edmonston*

REGISTERED AGENT MUST SIGN

Date

**10/9/03**

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:

*Glenda E. Hood*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/9/03**

Date

Daytime Phone #

CR2E040 (7/03)

From: Ciberbyte Inc.  
2145 Davie Blvd.  
Suite #205  
Ft. Lauderdale, FL 33312

To: Florida Department Of State

Date: 8 October 2003

Re: Application For Reinstatement

To Whom It May Concern:

In January of this year, this company moved to a different location, please note the new address listed above. This resulted in us not receiving the UBR notices. I've made the address correction on the Reinstatement Application. I've also enclosed the \$150 reinstatement fee and the application to be reinstated.

Thank you,



Gisele Edmonston  
Director  
Ciberbyte Inc.