

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 NOV -7 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000054633**

1. Corporation Name

CYBERART, INC.

Principal Place of Business

**3909 SUNBEAM RD
514 32257
JACKSONVILLE FL 32257
US**

Mailing Address

**PO BOX 57878
JACKSONVILLE FL 32241
US**



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

2. New Principal Office Address, If Applicable

**3909 SUNBEAM RD
Suite, Apt. #, etc. # 514**

City & State
JACKSONVILLE FL.

Zip Country
32257 DUVAL

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/21/1994

5. FEI Number

59-3254374

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	REES, BRIAN J	4241 DAY MEADOWS ROAD, #17 3909 SUNBEAM RD #514	JACKSONVILLE FL 32257.
D	REES, KAY	4241 DAY MEADOWS ROAD, #17 3909 SUNBEAM RD #514	JACKSONVILLE FL 32257
			000002344730--3 -11/12/97--01080--001 ****593.75 ****593.75
			REINSTATEMENT (9.7)
			11/7/97

8. Name and Address of Current Registered Agent

**REES, BRIAN J
4241 DAY MEADOWS ROAD
SUITE 17
JACKSONVILLE FL 32217**
**3909 SUNBEAM RD
514
JACKSONVILLE FL
32257.**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

000002344730--3
-11/12/97--01080--002
****165.00 ****165.00
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.

Signature of
Registered Agent

B. J. Rees.
REGISTERED AGENT MUST SIGN

Date **OCT 24 1997.**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT 24 1997 904-731-2555.

Date

Daytime Phone #

CPRE040 (8/97)