

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Myrham,
Secretary of State

DIVISION OF CORPORATIONS

FILED

97 DEC -4 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000039650**

1. Corporation Name

P95000039650

CYBERMAG TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

8926 COLLINS AVE
Suite, Apt. #, etc.
16

3. New Mailing Office Address, If Applicable

SAME AS OFFICE
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

5.18.1995

5. FEI Number

65-0589070

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
	D.P. ZLATKO MARKOVIC	8320 HARDING AVE #18	MIAMI BEACH, FL 33141
	D.V. ELIANE COELHO	9080 HARDING AVE	SURFSIDE, FL 33154
			200002369892--9
			-12/11/97--01095--016
			****915.00 ****915.00

REINSTATEMENT

96-97

FL 12-10-97

8. Name and Address of Current Registered Agent

ZLATKO MARKOVIC
8320 HARDING AVE. #18
MIAMI BEACH, FL 33141

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the

Dept. of Revenue under S. 199.032, Florida Statutes.

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ZLATKO MARKOVIC

Date

Daytime Phone #

03/18/97

(505) 864-4752

CP2E040 (12/96)