

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

97 DEC -1 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

City & State  
SURFSIDE FL

Zip  
33154 Country  
DADE

3. New Mailing Office Address, If Applicable  
SAME AS OFFICE

Suite, Apt. #, etc.

City & State

Zip Country

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)

1	2	3	4
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
	<u>D.P ZLATKO MARKOVIC</u>	<u>8320 HARDING AVE #18</u>	<u>MIAMI BEACH, FL 33141</u>
	<u>D<sup>na</sup> ELIANE COELHO</u>	<u>9080 HARDING AVE</u>	<u>SURFSIDE, FL 33154</u>
			<u>200002369892--9</u>
			<u>-12/11/97--01095--016</u>
			<u>****915.00 ****915.00</u>
<b>REINSTATEMENT</b>			<u>96-97</u>
			<u>FL 12-10-97</u>

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 FL Zip Code

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

[Signature]

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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/18/97  
Date

(505) 861-4752  
Daytime Phone #

CR2E040 (12/96)