

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **995000063156**

1. Corporation Name

CYBERACTIVE, INC.

Principal Place of Business

Mailing Address

**806 Riverstone Lane
Woodstock, GA 30188**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

August 14, 1995

5. FEI Number

58-2153333

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
P	Cheryl Owens-Long	806 Riverstone Lane	Woodstock, GA 30188
W	William G. Owens, Jr.	5124 N.W. 51 Terrace	Coconut Creek, FL 33073

**100002351931-6
-11/19/97-01071-011
****173.75 ****173.75**

Handwritten signature and date 11/11/97

8. Name and Address of Current Registered Agent

**William G. Owens, Jr.
5124 N.W. 51 Terrace
Coconut Creek, FL 33073**

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

Handwritten signature of William G. Owens, Jr.

REGISTERED AGENT MUST SIGN

Date **November 11, 1997**

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
William G. Owens, Jr.

11/11/97 954-566-5676
Date Daytime Phone #

CP-25040 (12/95)

2

5124 N.W. 51 Terrace
Coconut Creek, FL 33073
November 11, 1997

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

re: CYBERACTIVE, INC.

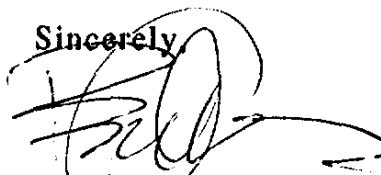
Dear Sir/Madam:

Our corporation, CYBERACTIVE, INC. was administratively dissolved on September 26, 1997 because we did not file an annual report. The reason we did not file is because we never received an Annual Report form.

Please accept the enclosed completed Application for Reinstatement and a check for \$173.75 (\$165.00 fee and \$8.75 for a Certificate of Status) to reinstate our corporation.

If you have any questions, please feel free to call me at (954) 566-5676.

Sincerely,



William G. Owens, Jr.

WGO/se
enclosures