

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 AUG 16 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000077417

1. Corporation Name

CYBER AGENCY CORPORATION

4737

4737 North Ocean Drive #103
P.O. Box 740794

2. Principal Office Address

4737 North Ocean Drive #103

Suite, Apt. #, etc.

Suite 103

City & State

Fort Lauderdale, FL

Zip

33308

Country

USA

3. Mailing Office Address

P.O. Box 740794

Suite, Apt. #, etc.

City & State

Boynton Beach

Zip

33474

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 10/10/1995

5. FEI Number

650754515

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

GORDON, GEORGE S

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

4737 North Ocean Drive

Suite, Apt. #, Etc.

Suite 103

City

FORT LAUDERDALE

State

FL

Zip Code

33309

100040224051
08/16/04--01079--019 **900 00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date 8/9/04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	GORDON, GEORGE S	4737 North Ocean Drive, Suite 103	Fort Lauderdale, FL 33308
VPD	Glucksman, Steven	4737 N. Ocean Drive Suite 103	FT. LAUD., FL 33308

10. 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:

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

Date

8/9/04 561-543-4523

Daytime Phone #

CR2E081 (01/04)