

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION FOR REINSTATEMENT**



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

**APPROVED AND FILED**

95 NOV 12 PM 12:01

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P95000081806**

1. Corporation Name

**CYBERHEALTH 2000 INC.**

Principal Place of Business

Mailing Address

13783 SW 68TH STREET #219  
 MIAMI FL 33183

13783 SW 68TH STREET #219  
 MIAMI FL 33183



**REINSTATEMENT** *9600*

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/25/1995	
City & State		City & State		5. FEI Number	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				Applied For	
				Not Applicable	

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
PVD	DIAZ, JOSE	13783 SW 68TH STREET #219	MIAMI FL 33183
TD	MARTINEZ, DAMIAN	15532 SW 148TH TERRACE	MIAMI FL 33186
SD	BUCKLEY, JOSEPH	8290 LAKE DRIVE #307	MIAMI FL 33186

~~300302006099-3~~  
 -11/15/96--01076--004  
 \*\*\*\*375.00 \*\*\*\*375.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
DIAZ, JOSE 13783 SW 68TH STREET #219 MIAMI FL 33183		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State	
		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]* **SIGNATURE REQUIRED** Date: *10/22/96*

REGISTERED AGENT MUST SIGN

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 REQUIRED** Date: *10/22/96* Daytime Phone #: *(305) 382-1914*

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

CR-23040 (7/95)