

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000088611

1. Corporation Name

CYBER GROUP DEVELOPMENT, INC.

Principal Place of Business

6235 ALTON ROAD  
MIAMI BEACH FL 33140

Mailing Address

6235 ALTON ROAD  
MIAMI BEACH FL 33140

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

11/16/1993

5. FEI Number

65-0654577

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	4 City / State / Zip
D	FREEDLINE, ALLAN D	5313 LA GORCE DRIVE	MIAMI BEACH FL 33140

8000003768888 6  
-02/26/01--01152--018  
\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

FREEDLINE, ALLAN D  
5313 LA GORCE DRIVE  
MIAMI BEACH FL 33140

9. Name and Address of New Registered Agent

Name

Allan D. Freedline

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

6235 Alton Road

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33140

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 2-1-2001

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Allan Freedline

Date

2-1-2001

Daytime Phone #

305-864-1400

CR2E040 (8/00)