

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000008294

1. Entity Name
SCIENTIFIC CYBERNETICS, INC.



FILED

07 NOV -2 PM 3:37

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O WILLIAM B. ANDERSON
13379 COMPTON ROAD
LOXAHATCHEE GROVES, FL 33470-4715

Mailing Address
C/O WILLIAM B. ANDERSON
13379 COMPTON ROAD
LOXAHATCHEE GROVES, FL 33470-4715

2. Principal Place of Business - No P.O. Box #
3871 Via Poinciana

3. Mailing Address
3871 Via Poinciana

Suite, Apt. #, etc.
#102

Suite, Apt. #, etc.
#102

City & State
Lake Worth FL

City & State
Lake Worth FL

Zip
33467

Country
Palm Beach

Zip
33467

Country
Palm Beach



REINSTATEMENT

10172001 REINSTATEMENT CR2E098 (1/07) 07

4. FEI Number
65-0760062

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, WILLIAM B
13379 COMPTON ROAD
LOXAHATCHEE GROVES, FL 33470-4715

7. Name and Address of New Registered Agent

Name
William B. Anderson
Street Address (P.O. Box Number is Not Acceptable)
3871 Via Poinciana
#102
City Lake Worth FL FL Zip Code 33467

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

10/17/07

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
LEVEN, SAMUEL
672 FERN ST
WEST PALM BEACH, FL 33401 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
CORLEY, WILLIAM B III
13379 COMPTON RD
LOXAHATCHEE, FL 33470 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
500111019685
10/22/07--01004--016 **\$150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
3871 Via Poinciana #102
Lake Worth FL 33467

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
[Signature]

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/07

Date

Daytime Phone #