DI EASE DEAD ALL INSTRUCTIONS REF

PLEASE READ A	ALL INSTRUCTION	IS BEFORE C	COMPLETING THIS FORM.	
APPLICATION	FLORIDA DEPARTM	IENT OF STATE		
FOR (1)	Katherine Harris			
REINSTATEMENT	Secretary of State		rear to the top	
	DIVIDION OF CONTRACTOR			
DOCUMENT # P96000055326			00 4414 77 644 0 00	
1 Corporation Name CiberCentro, Inc.			99 MAY -7 SH 9: 00	
i d			า กับแก้หลัยแกะคนิดีเกีย ิ ด	
Principal Place of Business	Mailing Address			
If above addresses are incorrect in any way, line thro	ough incorrect information and en	iler correction below.		
New Principal Office Address, If Applicable New Mailing Office Address, If Applicable			4 Date Incorporated or Qualified To Do Business in Florida 7–1–96	
2780 NE 183 St - Suite, Apt #, etc.			1	
Apt. 404 City & State	City & State		5 FE i Number 5-0685606 Applied For	
	City & State		Thor Applicable	
Aventura, Ficountry 33160	Zip Coi	untry	CERTIFICATE OF STATUS DESIRED To a Certificate of Status	
7. Names and Street Addresses of Each Officer and/	t	porations must list at lea	ast 3 directors)	
Name of Officers Street Address of Each				
Therefore 2 and/of Directors 3 (Do NOT Use		T Use Post Office Box f	Numbers) 4 City / State / Zip	
PST TIMOTHY M. KIRK 2780 N.E. 183rd St. #404 Aventura, FL 33160				
<u> </u>				
			5000028832850	
			-05/24/9901005008	
			****900.00	
	REINSTATE	0	COG R Chatco	
•	inema@141Fl	MENT 1	8-49 12 5113199	
8. Name and Address of Current	Registered Agent		9. Name and Address of New Registered Agent	
TIMOTHY H. KIRK				
2780 N.E. 183RD ST. #40	14	Street Address (i	Street Address (P.O. Box Number is Not Acceptable)	
AVENTURA, FL 33160		Suite Ant # Etc	Street Address (P.O. Box Number is Not Acceptable)	
1		City	State Zip Code	
10. 1, being appointed the registered agent of the abo	ve named corporation, am familia	ar with and accept the o	obligations of Section 607.0505, F.S	
Signature of				
Registered Agent	GISTERED AGENT MUST SIGN	4	Date	
11. This corporation owes the	current year		Constitution of the fact of the constitution o	
Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax)				
			provided for in chapter 607 or 617, F.S. I further certify that when filing the requirements of section 607,0401 or 617,0401, F.S., that all fees	
owed by the corporation have been paid and the r	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 eath.			
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Monar	W.T.	. K		
SIGNATURE: //mally // fem	rc · · · · · · · · · · · · · · · · · · ·	1 KIRK	(305) 792-0925	
SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #				