

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P96000100006

1. Corporation Name
CIBYCOM, INC.

Principal Place of Business
13420 SW 128TH STREET
MIAMI FL 33186

Mailing Address
13420 SW 128TH STREET
MIAMI FL 33186

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
Suite, Apt. #, etc. <u>13053 SW 133 COURT</u>	Suite, Apt. #, etc. <u>13053 SW 133 COURT</u>
City & State <u>Miami, Florida</u>	City & State <u>miami, Florida</u>
Zip <u>33186</u>	Zip <u>33186</u>
Country <u>EEUU.</u>	Country <u>EEUU.</u>

4. Date Incorporated or Qualified
To Do Business in Florida
12/11/1996

5. FEI Number
65-0712/66

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

Applied For

Not Applicable

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	VEGA, VICTOR	MANUEL SALAS 516	SANTIAGO, CHILE OC
D	CONTRERAS, AUGUSTO	MANUEL SALAS 516	SANTIAGO, CHILE OC
D	GALAZ, CARLOS	MANUEL SALAS 516	SANTIAGO - CHILE OC
D	CARPENTER, MARCOS M	13420 SW 128TH STREET	MIAMI FL 33186
			<u>600002346586</u> -11/13/97--01078--013 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

CARPENTER, MARCOS M
13420 SW 128TH STREET
MIAMI FL 33186

9. Name and Address of New Registered Agent

Name
Carlos Galaz Quintana
Street Address (P.O. Box Number Is Not Acceptable)
13053 SW 133 RD COURT
Suite, Apt. #, Etc.
NOT
City
miami

State
FL Zip Code
33186

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

Date 11.07.97

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Carlos Galaz Quintana 11.07.97 (305)3858376

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305 2345678

CR2E040 (8/97)