

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

00 OCT 27 PM 3:18

DOCUMENT # P97000001852

1. Corporation Name

CYBERDYNE SYSTEMS, INC.

2. Principal Office Address

2526 SW DAWN ST.

Suite, Apt. #, etc.

3. Mailing Office Address

2526 SW DAWN ST.

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE FL

City & State

PORT ST LUCIE FL

Zip

34953

Country

USA

Zip

34953

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/08/1997

5. FEI Number

65-0717354

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-00

7. Name and Address of Current Registered Agent

Name

PEVZNER, JON T

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

2526 SW DAWN ST.

Suite, Apt. #, Etc.

100003467761-6

-11/16/00--01051--009

****900.00 ****900.00

City

PORT ST. LUCIE

State

FL

Zip Code

34953

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date 10/24/2000

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	PEVZNER, JON T	2526 SW DAWN ST	PORT ST. LUCIE FL 34953
D/V	WATTS, WALTER K	2526 SW DAWN ST	PORT ST. LUCIE FL 34953

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

JON PEVZNER

10/24/2000

Date

561 336 0979

Daytime Phone #