

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 26 PM 2:26

DOCUMENT # **P97000006015**

1. Corporation Name

CYBERNET SOLUTIONS, INCORPORATED

Principal Place of Business

11900 WANDSWORTH DRIVE
TAMPA FL 33626
US

Mailing Address

11900 WANDSWORTH DRIVE
SUITE 334
TAMPA FL 33626
US

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.
511 N. HARTLAND CT #3N

City & State
CHICAGO, IL

Zip **60622** Country **USA**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
511 N. HARTLAND CT. #3N

City & State
CHICAGO, IL

Zip **60622** Country **USA**

4. Date Incorporated or Qualified
To Do Business in Florida

01/21/1997

5. FEI Number

59-3420259

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	BROGAN, ROGER L	11910 WANDSWORTH DRIVE 511 N. HARTLAND CT #3N	TAMPA FL 33626 CHICAGO, IL 60622
VP	BROGAN, ROGER L	11910 WANDSWORTH DRIVE 511 N. HARTLAND CT #3N	TAMPA FL 33626 CHICAGO, IL 60622
			300004765229--3
			-01/10/02--01065--013
			****750.00 ****750.00
			BRIN

8. Name and Address of Current Registered Agent

EKONOMIDES, NICKOLAS C
EKONOMIDES 7 ASSOCIATES
201 N. FRANKLIN STREET, SUITE 2350
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name **ROGER DALE BROGAN**
Street Address (P.O. Box Number is Not Acceptable)
711 STATE RD #50
Suite, Apt. #, Etc.
City **WEBSTER** State **FL** Zip Code **33597**

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 **12/24/01**

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: ROGER LANCE BROGAN PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/24/01

Daytime Phone #

CR2E040 (8/01)