APP	PLEASE READ PLICATION FOR	ALL INST	RUCTIONS CEPAFINE CHIEFINE Secretary (18	BEFORE O		ING THIS FORM. FILED UG 18 MITH: 06	1.
REUSTATEMENT DIVISION OF CORPORATIONS							
DOCUMENT # PU7 CCCCC (6570)					\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	STATE FLORIDA	
(Cyber Wareho	•					
Principal Place of Business 7825 NW 29 St Suite#137					}		
	ami, Florida z		2 # 10T		}		
	MMI) FIDITIAL 2 Idresses are incorrect in any way, line thro		Mormation and enter of	correction below			
	icipal Office Address, If Applicable	New Mailing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida		
Suite, Apt. #.	, etc	Suite, Apt. #, etc.			5. FEI Number	03/1997	Applied For
City & State Zip Country		City & State Zip Country		 	65012	0640	Not Applicable
======		or Director (Florida nonprofit corporations must			1	E OF STATUS DESIRED L. for a Ce	rtificate of Status
Title(s)	Name of Officers and/or Directors	Sin OH 3 (Do NOT Us	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N		City / State / Zip	,	
_ D	Harvey Hernandez 59007			naggion	e st.	Coral flables. F.	Torida
					4(1000296909 -08/24/990108; ****300.00 ***	2024
	8. Name and Address of Current	Registered Age	int		9. Name and I	Address of New Registered Agent	
Harvey Hernandez					rey He	mandee	E081 (12/98)
7825 NW 29 ST # 137				7825 Suite, Apt. #, Etc.	NW 2	is Not Acceptable 137	CRZEOB
Miami Fl 33122 #13					7	State Zip (
	appointed the registered agent of the abo	- 1	oration, am tamiliar wi	th and accept the o	AM) bligations of Sect	FL 3	3/22
Signature of Registered A	Agent	GISTERED AG	ENT MUST SIGN		- A	Date 8/10/99	
11. This	s corporation owes the angible Personal Proper	current y ty Tax du	ear le June 30.	Yes	No D	(See other side for in on intary o	formation ax.)
12. I certify the this reins owed by	that I am an officer or director or the receistatement application, the reason for discitlent the corporation have been paid and the application is true and accurate, and my significant the corporation is true and accurate.	ver or trustee en plution has been names of individ	npowered to execute eliminated, the corpo luals listed on this for	this application as porate name satisfies mode not qualify for	provided for in cha the requirements an exemption un	of section 607 0401 or 617 0401 E:	S that all tens
SIGNAT	URE: SIGNATURE AND TYPED OR PRI	NTED NAME OF	AWLY F	ternande DIRECTOR	t	8/10/99(305)4.	36-8828



Division of Corporations

P.O. Box 6327

Tallahasee, Fl 32314

August 9, 1999

To Whom It May Concern:

Please find enclosed the check for \$300.00 for the reinstatement of Cyber Warehouse. I would appreciate if the penalty fee would be waved for we never received a notice of reinstatement until we phoned in for one.

Thank you,

Vanessa Hernandez