

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

99-00



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

FILED

00 APR 27 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 9970000041469

1. Corporation Name **Cyber Promotions, Inc.**

2. Principal Office Address

1975 E. Sunrise Blvd

Suite, Apt. #, etc.

Suite 757

City & State

Ft. Lauderdale, FL

Zip

33304

Country

USA

3. Mailing Office Address

1975 E. Sunrise Blvd

Suite, Apt. #, etc.

Suite 757

City & State

Ft. Lauderdale, FL

Zip

33304

Country

U.S.A.

REINSTATEMENT

99-00

4. Date Incorporated or Qualified
To Do Business in Florida

5/9/97

SP

5. FEI Number

65-0753784

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Edmund Fernandez

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

1975 E. Sunrise Blvd

Suite, Apt. #, Etc.

757

City

Ft. Lauderdale

State

FL

Zip Code

33304

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/25/00

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
P	Edmund Fernandez	880 NW 86th Ave #811 Plantation, FL	33324

300003248953-3

-05/11/00-01099-005

****900.00 ****900.00

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

(954) 767-8816

Daytime Phone #

CR2E081 (9/99)