

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT #

99700053391

1. Corporation Name

ADVANCED CYBER SPECIALITIES CORPORATION

Principal Place of Business

Mailing Address

11900 Biscayne Blvd., Suite 604
Miami, Florida 33181

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 98-99

4. Date Incorporated or Qualified
To Do Business in Florida

6/16/97

5. FEI Number

65-079-8895

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Add Fee if required
for a Certificate of Status

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/D/S	Joel Bernstein	11900 Biscayne Blvd. #604	Miami, Florida 33181

800003077928--6
-12/22/99-01052-008
****300.00 ****900.00

8. Name and Address of Current Registered Agent

Joel Bernstein
11900 Biscayne Blvd.
Suite 604
Miami, FL 33181

9. Name and Address of New Registered Agent:

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent, have read the corporation's articles of incorporation and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/10/99

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 chapters 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)(f), F.S. The information indicated on this application is true and accurate. My signature shall have the same legal effect as if made under oath.

SIGNATURE

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Department

12/10/99 (305) 892-1122

KE