

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 17 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **098000087026**

1. Corporation Name

CYBERCAST INC

2. Principal Office Address

1719 TRADE CENTERWAY

Suite, Apt. #, etc.

5

City & State

NAPLES FL.

Zip

34109

Country

US

3. Mailing Office Address

1719 TRADE CENTERWAY

Suite, Apt. #, etc.

5

City & State

NAPLES FL

Zip

34109

Country

US

400036524644

05/17/04--01082--017 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

10/12/98

5. FEI Number

650874 356

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

Janice Levin

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

119 WICKLIFF DR

Suite, Apt. #, etc.

City

NAPLES

State

FL

Zip Code

34110

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

Janice Levin

REGISTERED AGENT MUST SIGN

Date

5-11-04

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
Pres	Jonathan Levin	119 WICKLIFF DR	NAPLES, FL 34110

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:

Jonathan Levin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/04

Date

239-596-6112

Daytime Phone #

CR2E081 (01/04)