

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 13 AM 10:48

DOCUMENT # P99000031940

1. Entity Name
CYMC INTERNATIONAL, INC



Principal Place of Business
712 U.S. HIGHWAY ONE
STE 400
NORTH PALM BEACH, FL 33408

Mailing Address
712 U.S. HIGHWAY ONE
STE 400
NORTH PALM BEACH, FL 33408



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite Apt # etc

Suite Apt # etc

11162007 REIN-P CR2E098 (1/07)

City & State

City & State

4. FEI Number
65-0912022

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COHEN, FRED C
712 U.S. HIGHWAY ONE
STE 400
NORTH PALM BEACH, FL 33408

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. I am familiar with and accept the obligations of registered agent.

SIGNATURE

[Handwritten Signature]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW!!! FEB 18 \$180.00
After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b) F.S., the corporation did not receive the prior notice

10. OFFICERS AND DIRECTORS

TITLE	PDST	☐ Delete
NAME	TOKMAKJIAN CY	
STREET ADDRESS	221 CALDARI ROAD	
CITY - ST - ZIP	CONCORD, ONTARIO, CA M4K 3Z9	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME	UN00000866742	
STREET ADDRESS	04/08/08-80042-012	150.00
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME	800129060898	
STREET ADDRESS	05/13/08--01004--011	**150.00
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed or on an attachment with an address with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CY TOKMAKJIAN

Date

Daytime Phone #

5/16/08