

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -9 PM 3:46

DOCUMENT # **P99000043418**

1. Corporation Name

My Cyber Agent Inc

000003481800--5
-11/30/00--01092--003
****750.00 ****750.00

2. Principal Office Address

900 River Reach Drive

Suite, Apt. #, etc.

407

City & State

Ft. Lauderdale, FL

Zip **33315**

Country

Broward

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

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**4. Date Incorporated or Qualified
To Do Business in Florida**

**Filed
5-10-99**

5. FEI Number

65-0924168

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

Matthew C. Gilbert

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

900 River Reach Drive

Suite, Apt. #, Etc.

407

City

Fort Lauderdale

State

FL

Zip Code

33315

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

Matthew C. Gilbert

Date **11-7-00**

REGISTERED AGENT MUST SIGN

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
Ch	Matthew C. Gilbert	900 River Reach Dr 407	Ft Lauderdale FL 33315
Pres	Donald J. Gilbert	900 River Reach Dr 407	Ft Lauderdale FL 33315

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:

Matthew C. Gilbert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-7-00

Date

954 328 5669

Daytime Phone #

CR2E081 (9/99)