

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

APPROVED
AND
FILED

pg/col 2

00 OCT 27 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000055443

1. Corporation Name
Cyber Solutions
2673 So. Park lane
Pembroke Park, FL 33009

2. Principal Office Address
2673 So. Park lane
Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State
Pembroke Park, FL
Zip
33009
Country
Broward

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 1999

5. FEI Number
65-0911675

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Etan Raz
Street Address (P.O. Box Number is Not Acceptable)
2673 So. Park lane
Suite, Apt. #, Etc.

300003458029-1
-11/09/00-01017-003
****158.75 ****158.75

City
Pembroke Park
State
FL
Zip Code
33009

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
REGISTERED AGENT MUST SIGN

Date 10/26/00

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
Pres.	Etan Raz	2673 So. Park lane	Pembroke Park, FL 33009
VP	Gil Raz	2673 So. Park lane	Pembroke Park, FL 33009

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/00 (954)964-3064
Date Daytime Phone #

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October 26, 2000

CYBER SOLUTIONS 4 U INC.
2673 So. Park Lane
Pembroke Park, FL 33009

Department Of State
Divisions Of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: DOCUMENT NO. P99000055443

Dear Sir/Madam,

Regarding above stated document, we never received the Corporate Report Documents that should have been filed earlier this year. I was unaware that these documents needed to be filed. This is a new corporation that opened in 1999. We ask that you please waive penalties and accept the check attached to the application and reinstate our corporation. I assure you this will not happen again.

If further information is needed, please contact Charlene Walker immediately at (954) 964-3064.

Thanking you in advance.

Sincerely,

CYBER SOLUTIONS 4 U INC.

Etan Raz
President

