

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

4

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS

00 NOV -2 PM 5:17

DOCUMENT # P99000099277

1. Corporation Name

CYBER FILMS, INC.

Principal Place of Business

756 CYPRESS STREET  
PORT SAINT LUCIE FL 34952

Mailing Address

POST BOX 9432  
PORT ST LUCIE FL 34952



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/12/1999

5. FEI Number

65-0960269

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	GLEASON, THOMAS	756 CYPRESS STREET	PORT SAINT LUCIE FL 34952
			600003471826--6 -11/21/00--01022--002 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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 of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Thomas F. Gleason*

REGISTERED AGENT MUST SIGN

Date 10-28-00

11. 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:

*Thomas F. Gleason*

THOMAS F. GLEASON

10-28-00 561-335-1477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/00)

(2)

To whom it may concern,

We at Cyber Films Inc are very sorry about not sending in our \$150.<sup>00</sup>/<sub>xx</sub> renewal fee for our Corporation, but we were never given notice of such a payment that was due.

It may be possible that you have the wrong zip code for our address because we noticed that on the cancel notice that you sent us. And when we phoned your office we were informed that you got the renewal form sent back to you for incorrect address reasons.

We would appreciate if you <sup>would</sup> accept our check for \$150.<sup>00</sup>/<sub>xx</sub> for our yearly renewal payment.

Thank you very much,

Tim L. He