

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

00 NOV 21 AM 9:15

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Carale

DOCUMENT # **P99000070454**

1. Corporation Name
CYBERROSE, INC.

Principal Place of Business Mailing Address
 513 E DOUBLE ST 513 E DOUBLE ST
 CARSON CA 90745 CARSON CA 90745



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 08/09/1999	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 95-4809156 330819028	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	DIEMERT, BEVERLY A	17700 S WESTERN AVE #34	GARDENA CA 90248
D	CASALE, DONALD L	513 E DOUBLE ST	CARSON CA 90745
D	CASALE, RHONDA M	513 E DOUBLE ST	CARSON CA 90745
			900003479199--7 -11/28/00-01102-016 ****158.75 ****158.75

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

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 **SIGNATURE REQUIRED** Date _____
 REGISTERED AGENT MUST SIGN

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: *Donald Casale* **SIGNATURE REQUIRED** *Donald Casale* 10-19-00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 310-835-0268
 " 835-5640

CR2E040 (8/00)

8/20/00

Division Of Corporation
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 323146327

CyberRose, Inc.
513 E. Double St.
Carson, CA 90745

16 November 2000

To the Annual Report/Reinstatement Section,
Dear Ms. Michelle Milligan

This letter is in reference to a second notice we received of our failure to file our year 2000 Uniform Business Report Form. Unfortunately we never received our first notice to file. Had we received it, we certainly would have complied and sent in our fees and the required information to you at the appropriate time. Unfortunately the only information we have gotten from your office is the "Second Notice of Failure to Comply". We also never received notification of the "sixty day notice of intent to administratively dissolve or revoked".

We are requesting a one time late fee waiver and have filled out the required information and have included the \$158.75 dollar fee.

We thank you for your considering this matter and look forward to hearing from you.

Best regards,

Don Casale
CyberRose, Inc.