PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 NOV 15 PM 12:11

DOCUMENT # N98000000122

1. Corporation Name

HIVUS, INC.

Principal Place of Business	Mailing Address
1680 MICHIGAN AVE. SUITE 820 MIAMI BEACH FL 33139	1680 MICHIGAN AVE. SUITE 820 MIAMI BEACH FL 33139

[redacted]

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

REINSTATEMENT 99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
1680 Michigan Ave	1680 Michigan Ave
Suite, Apt. #, etc. Suite 820	Suite, Apt. #, etc. Suite 820
City & State Miami Beach, FL	City & State Miami Beach, FL
Zip 33139 Country	Zip 33139 Country

4. Date Incorporated or Qualified To Do Business in Florida 08/23/1998

5. FEI Number ☒ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ [redacted]

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
SP D	JARVIS, VINCENT N	1680 MICHIGAN AVE. SUITE 820	MIAMI BEACH FL 33139
D	VICTOR RIVERA	1680 MICHIGAN AVE. SUITE 820	MIAMI BEACH FL 33139
D	BLAKE LINDA HOLVERSTOTT	1680MICHIGAN AVE. STE 820	Miami Beach, FL 33139
		REINSTATEMENT 99	
		800003053248--7 -11/23/99--01061--004 *****245.00 *****245.00	

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: Edward J. Gerhardt, CPA
Street Address (P.O. Box Number is Not Acceptable): 11077 Biscayne Blvd, Suite 301
Suite, Apt. #, Etc.:
City: Miami State: FL Zip Code: 33161

CR2E040 (5/99)

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: Edward J. Gerhardt REQUIRED Date: 11/1/99
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: ~~REQUIRED~~ 11/1/99 AD 305- 673-8833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
VINCENT N. JARVIS
Date
Daytime Phone #

0081186 AF