

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 24 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000062770**

1. Corporation Name

NOVUS MENTIS, INC.

2. Principal Office Address

8631 SW 166TH STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33157

Country

USA

3. Mailing Office Address

8631 SW 166TH STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33157

Country

USA

REINSTATEMENT 03

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

6/22/01

5. FEI Number

65-1118352

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

ROBERT CALDERIN

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

8631 SW 166TH STREET 12/24/03--01037--006 **150.00

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33157

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

Robert Calderin
REGISTERED AGENT MUST SIGN

Date 12/23/03

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	ROBERT CALDERIN	8631 SW 166TH STREET	MIAMI, FL 33157

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

Robert Calderin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/23/03

Date

305-969-3075

Daytime Phone #

Telephone (305) 663-3566
Fax (305) 665-3060

Francis M. Switzer
Certified Public Accountant

*Gables Waterway Executive Center
1390 South Dixie Highway, Suite 1108
Coral Gables, Florida 33146*

December 22, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: Novus Mentis, Inc.
Doc#: P01000062770
FEIN: 65-1118352
FORM: UBR FOR 2003

Gentlemen:

Enclosed are the corporation reinstatement form and a check for \$150.00 for the above corporation.

While the filing was due by May 1, 2003, the taxpayer would appreciate your abating the reinstatement fee.

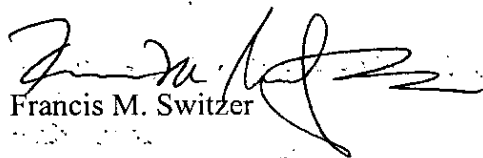
The taxpayer moved at the end of the year 2002, and then moved again in 2003. As a result, he did not receive the Uniform Business Report form and could not file it on time.

The taxpayer would appreciate any consideration you may give him.

Thank you for your cooperation.

If you have any question please contact the taxpayer.

Very truly yours,


Francis M. Switzer