

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAY 19 AM 10:51

DOCUMENT # P01000062770

1. Corporation Name

NOVUS MENTIS, INC.

300156132813
05/18/09--01029--019 ***458.75

2. Principal Office Address - No P.O. Box #

701 BRICKELL KEY BLVD

Suite, Apt. #, etc.

1512

City & State

MIAMI, FL

Zip

33131

Country

USA

3. Mailing Office Address

3338 PEACHTREE ROAD NE

Suite, Apt. #, etc.

2505

City & State

ATLANTA, GA

Zip

30326

Country

USA

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

6/22/2001

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)

701 BRICKELL KEY BLVD

Suite, Apt. #, Etc.

1512

City

MIAMI

State

FL

Zip Code

33131

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 5-12-09

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
P	ROBERT CALDERIN	701 BRICKELL KEY BLVD #1512	MIAMI, FL 33131

REINSTATEMENT

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 contained in Chapter 119, 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

Date

5.12.09 404.840.6535

Daytime Phone #