

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000062770

1. Corporation Name

NOVUS MENTIS, INC.

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

701 BRICKELL KEY BLVD

Suite, Apt. #, etc.

STE 1512

City & State

MIAMI, FL

Zip

33131

Country

USA

3. Mailing Office Address

3338 PEACHTREE ROAD NE

Suite, Apt. #, etc.

STE 2505

City & State

ATLANTA, GA

Zip

30326

Country

USA

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

900188218029
11/30/10--01037--001 **750.00

REINSTATEMENT **10**
CR2E081 (6/10)

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)

701 BRICKELL KEY BLVD

Suite, Apt. #, Etc.

SUITE 1512

City

MIAMI

State

FL

Zip Code

33131

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

REGISTERED AGENT MUST SIGN

Date **11-5-10**

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	MIAMI, FL 33131

10. E-mail Address: **robcalderin@mac.com**

(To be used for future annual report notification)

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. I further certify, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-5-10 404-840-6535

Date

Daytime Phone #