1 of 2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 FEB 20 AM 11:51

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000016094

1. Corporation Name

MOTIVUS, INC. REINSTATEMENT 05-.07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
360 COLLINS AVE.	360 COLLINS AVE.
Suite, Apt. #, etc. SUITE 204	Suite, Apt. #, etc. SUITE 204
City & State MIAMI BEACH, FL	City & State MIAMI BEACH, FL
Zip 33139 Country USA	Zip 33139 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 02/10/2003

5. FEI Number: 201309286 ☐ 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: SUZANNE JEWELL

Street Address (P.O. Box Number is Not Acceptable): 360 COLLINS AVE. SUITE 204

Suite, Apt. #, Etc.

City: MIAMI BEACH State: FL Zip Code: 33139

☑ 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 617.0303, F.S.

Signature of Registered Agent: Suzanne Jewell Date: 2/20/2007

REGISTERED AGENT MUST SIGN

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
D,P	SUZANNE JEWELL	360 COLLINS AVE. SUITE 204	MIAMI BEACH, FL 33139
S,T	SUZANNE JEWELL	360 COLLINS AVE. SUITE 204	MIAMI BEACH, FL 33139

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: Suzanne Jewell SUZANNE JEWELL 2/20/2007 305-531-7509

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2 of 2

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
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Fax Number : (305)675-2811

CORPORATION REINSTATEMENT

MOTIVUS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	~~$1,050.00~~

$450.00

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