

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000058421

Entity Name: FORMA VIVA, INC.

FILED  
Oct 08, 2005  
Secretary of State

## Current Principal Place of Business:

6650 PARKSIDE DRIVE  
B-2  
PARKLAND, FL 33067 US

## New Principal Place of Business:

## Current Mailing Address:

6650 PARKSIDE DRIVE  
B-2  
PARKLAND, FL 33067 US

## New Mailing Address:

1190 NE 37TH ST  
B-2  
POMPAÑO BEACH, FL 33064 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BASTA, BLAZENKA  
6650 PARKSIDE DRIVE  
B-2  
PARKLAND, FL 33067 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BLAZENKA BASTA

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete  
Name: BASTA, BLAZENKA  
Address: 6650 PARKSIDE DRIVE, SUITE B-2  
City-St-Zip: PARKLAND, FL 33067 US

Title: VP/D ( ) Delete  
Name: HORVAT, MILJENKO  
Address: 6650 PARKSIDE DRIVE, SUITE B-2  
City-St-Zip: PARKLAND, FL 33067 US

Title: S/T ( ) Delete  
Name: GOLAC, ADELA  
Address: 6650 PARKSIDE DRIVE, SUITE B-2  
City-St-Zip: PARKLAND, FL 33067 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADELA GOLAC

S/T

10/08/2005

Electronic Signature of Signing Officer or Director

Date