



2005-FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000119396 1. Entity Name HALLIVIS ENTERPRISES, INC.						FILED 05 OCT 20 PM 8:34 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 11301 SEAGRASS CIR BOCA RATON, FL 33498				Mailing Address 11301 SEAGRASS CIR BOCA RATON, FL 33498			
2. Principal Place of Business		3. Mailing Address		 REINSTATEMENT 2005 10/22/05 REINSTATEMENT FEE \$8.75 (6/04)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 20-1506452				Applied For <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/>			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent MANIAR, RAJU 7737 UNIVERSITY DR #201 TAMARAC, FL 33321			
7. Name and Address of New Registered Agent Name ALBERTO HALLIVIS Street Address (P.O. Box Number is Not Acceptable) 11301 SEAGRASS CIR City BOCA RATON FL Zip Code 33498				8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Alberto Hallivis</i></u> ALBERTO HALLIVIS, DV 10/14/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HALLIVIS, JULIO 11301 SEAGRASS CIR BOCA RATON, FL 33498			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, D 400060820084 10/20/05--01039--014 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HALLIVIS, ALBERTO 11301 SEAGRASS CIR BOCA RATON, FL 33498			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S, T, D		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	--- --- --- ---			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, D HALLIVIS, DIEGO 11301 SEAGRASS CIR BOCA RATON, FL 33498		
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u><i>Alberto Hallivis</i></u> ALBERTO HALLIVIS, DV 10/14/05 (561) 716 842 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							