# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000112306

1. Entity Name
NOVAVIT, INC.

FILED
08 NOV 20 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 10773 NW 58 ST STE 240<br>DORAL, FL 33178 | 10773 NW 58 ST STE 240<br>DORAL, FL 33178 |

10222008 REIN-P CR2E098 (1/07)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 8350 NW 52 Terr | 8350 NW 52 Terr |
| Suite, Apt. #, etc.: Suite 109 | Suite, Apt. #, etc.: Suite 109 |
| City & State: Doral, Fl | City & State: Doral, Fl |
| Zip: 33166 Country: USA | Zip: 33166 Country: USA |

4. FEI Number: 20-3308145 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| BRAVO, RICARDO<br>10292 NW 56 ST<br>DORAL, FL 33178 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After January 1, 2009, 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 | VPD<br>BRAVO, RICARDO<br>10773 NW 58 ST STE #240<br>DORAL, FL 33178 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ☐ Change ☐ Addition<br>700138137807<br>11/20/08--01044--001 **150.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>JIMENEZ, FELIPE<br>10773 NW 58 ST STE #240<br>DORAL, FL 33178 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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12. I hereby certify that the information supplied with this filing meets the requirements for the exemptions contained in Chapter 119, 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: X Manuel Bravo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11/21/08