

2007 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Jan 03, 2007
Secretary of State**

DOCUMENT# P05000143249

Entity Name: HVI, INC.

Current Principal Place of Business:

100 EAST LINTON BLVD.
STE 400A
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

100 EAST LINTON BLVD.
STE 400A
DELRAY BEACH, FL 33483

New Mailing Address:

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

Name and Address of Current Registered Agent:

MASON, JOEL
100 EAST LINTON BLVD.
STE 400A
DELRAY BEACH, FL 33483 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: JOEL MASON

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: D () Delete
Name: MASON, JOEL
Address: 100 EAST LINTON BLVD., STE 400A
City-St-Zip: DELRAY BEACH, FL 33438

Title: D (X) Delete
Name: WALKER, DOROTHY
Address: 100 EAST LINTON BLVD., STE 400A
City-St-Zip: DELRAY BEACH, FL 33483

Title: D (X) Delete
Name: BETTINGER, ROBERT
Address: 100 EAST LINTON BLVD., STE 400A
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MASON, JOEL
Address: 100 EAST LINTON BLVD., STE 400A
City-St-Zip: DELRAY BEACH, FL 33438

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 Chapter 119, 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: JOEL MASON PRES 01/03/2007

Electronic Signature of Signing Officer or Director Date