

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 11 PM 5:48

DOCUMENT # P96000032334

1. Corporation Name

HYPNOVISION, INC.

99.00

REINSTATEMENT

2. Principal Office Address

3. Mailing Office Address

13280 S.W. 103 Terrace 13280 S.W. 103 Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33186

Country

USA

Zip

33186

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4-5-96

5. FEI Number

65-0669214

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

Marshall Kaplan

Street Address (P.O. Box Number is Not Acceptable)

13280 S.W. 103 Terrace

Suite, Apt. #, Etc.

500003434165-6

-10/23/00-01001-002

****300.00 ****900.00

City

Miami

State

FL

Zip Code

33186

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Marshall Kaplan MARSHALL A. KAPLAN President

Date 10/2/00

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 |
|--------|-----------------------------------|--|--------------------|
| P/S/T | Marshall Kaplan | 13280 S.W. 103 Terrace | Miami, FL 33186 |
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AD

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 under section 119.07(3)(i), 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: *Marshall Kaplan* MARSHALL A. KAPLAN President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/2/00

Date

305-385-5517

Daytime Phone #

CR2E081 (9/99)