CORPORATION REINSTATEMENT

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

...E COMPLETING THIS FORM.

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DOCUMENT # P98000090034

1. Corporation Name

HYPERHIDROSIS ADVISORY TEAM, INC.

REINSTATEMENT 00-01

2. Principal Office Address	3. Mailing Office Address
210-174 Street	210-174 Street
Suite, Apt. #, etc.: Suite 1918	Suite, Apt. #, etc.: Suite 1918
City & State: Sunny Isles Beach, FL	City & State: Sunny Isles Beach, FL
Zip: 33160 / Country: U.S.A.	Zip: 33160 / Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0897240 (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: AMERICAN INFORMATION SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable): One S.E. Third Avenue

Suite, Apt. #, Etc.: 28th Floor

City: Miami — State: FL — Zip Code: 33131

...g 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.

...of ...Agent AMERICAN INFORMATION SERVICES, INC. By:

REGISTERED AGENT MUST SIGN Astrid Buttari, Asst. Secy. Date

...and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
...MATITYAHU, RUTH	210-174 St., Suite 1918	Sunny Isles Beach, FL 33160
...CHAUSER, ANDREW	210-174 St., Suite 1918	Sunny Isles Beach, FL 33160
...EYER, ROBERT C.	210-174 St., Suite 1918	Sunny Isles Beach, FL 33160
...HAUSER, RONIT	210-174 St., Suite 1918	Sunny Isles Beach, FL 33160
		AU

...m 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 ...ent 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 ...rporation 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 is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ronit Chauser Secretary

12-30-00
Date

(305) 931-2221
Daytime Phone #

FAX AUDIT NO.: H01000000854

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
ASTRID BUTTARI, Legal Assistant
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.
Account Number : 075471001363
Phone : (305)374-5600
Fax Number : (305)374-5095

CORPORATION REINSTATEMENT

HYPERHIDROSIS ADVISORY TEAM, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$900.00