

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000090034

**FILED**  
**Oct 13, 2009**  
**Secretary of State**

**Entity Name:** HYPERHIDROSIS ADVISORY TEAM, INC.

**Current Principal Place of Business:**

1250 E HALLANDALE BCH BLVD  
805  
HALLANDALE, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

1250 E HALLANDALE BCH BLVD  
805  
HALLANDALE, FL 33009

**New Mailing Address:**

**FEI Number:** 65-0897248

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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:** KATIE WONSCH, ASSISTANT SECRETARY

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: PCD ( ) Delete  
Name: CHAUSER, ANDREW  
Address: 1250 E. HALLANDALE BEACH BLVD. SUITE 805  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: DST ( ) Delete  
Name: CHAUSER, RONIT  
Address: 1250 E. HALLANDALE BEACH BLVD. SUITE 805  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: DST ( ) Delete  
Name: MEYER, ROBERT C  
Address: 1250 E. HALLANDALE BEACH BLVD. SUITE 805  
City-St-Zip: HALLANDALE BEACH, FL 33009

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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:** RONIT CHAUSER

DST

10/13/2009

Electronic Signature of Signing Officer or Director

Date