## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P99000090597

Entity Name: NOVENTIS, INC.

FILED Oct 17, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5380 GULF OF MEXICO DR 196 MEADOWVIEW PKWY ERIE, CO 80516 301 LONGBOAT KEY, FL 34228 **New Mailing Address: Current Mailing Address:** 196 MEADOWVIEW PKWY 5380 GULF OF MEXICO DR ERIE, CO 80516 LONGBOAT KEY, FL 34228 FEI Number: 65-0954958 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION, FL 33324 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: MICHAEL A VOLK 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition VOLK, MICHAEL A VOLK, MICHAEL A Name: Name: 5380 GULF OF MEXICO DR, # 301 196 MEADOWVIEW PKW Address: Address: City-St-Zip: LONGBOAT KEY, FL 34228 City-St-Zip: FRIF CO 80516 Title: Title: () Delete (X) Change ( ) Addition Name: RUCKER, THOMAS Name: DENOMME, BRIAN 5380 GULF OF MEXICO DR, #301 15658 DORCHESTER CT Address: Address: LONGBOAT KEY, FL 34228 NORTHVILLE, MI 48168 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: (X) Change ( ) Addition LANGE, PETER B LANGE, PETER B Name: Name: 5380 GULF OF MEXICO DR, #301 PO BOX 6827 Address: Address: City-St-Zip: LONGBOAT KEY, FL 34228 City-St-Zip: SNOWMASS VILLAGE, CO 81615 Title: (X) Delete Title: () Change () Addition DENOMME, BRIAN Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: MICHAEL A VOLK P 10/17/2007

5380 GULF OF MEXICO DR #301

LONGBOAT KEY, FL 34228

Address:

City-St-Zip: