


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION
99-01 UBR



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

FILED

01 JAN 16 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P970000035726**

1. Corporation Name
T. I. P. I., INC.

2. Principal Office Address 227 N. Magnolia Ave. Suite, Apt. #, etc. Ste 200		3. Mailing Office Address 227 N. Magnolia Ave. Suite, Apt. #, etc. Ste 200	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32801	Country USA	Zip 32801	Country USA

[Handwritten mark]

4. Date Incorporated or Qualified To Do Business in Florida
4/22/1997

5. FEI Number
59-3443317

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
William N. Asma, P.A.

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

Suite, Apt. #, Etc.

City
Winter Garden

State
FL

Zip Code
34787

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 *[Signature]* **William N. Asma** Date **1/8/01**

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
Pres.	Isabelle Chausseton	429 E. Alpine St.	Altamonte Springs, FL 32701

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: *[Signature]* **Isabelle CHAUFFETON** Date **01/05/01** Daytime Phone # **-407 839 3751**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/99)



The Incentive Partner Inc.
Email : tipusa@earthlink.net
WEB page on : <http://www.tipusa.com>

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January 5, 2001

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Please find enclosed our application for corporation reinstatement.

In an effort to register a fictitious name, we became aware that our corporate annual report had not been filed in 1999. We were unaware the corporation had been dissolved for failure to file. Since we have changed bookkeepers, we can only surmise that we did not receive the form in 1999. The business moved to its present location in July of 1998. The business initially operated from office space at 7081 Grand National Drive, Orlando, Florida and later moved to 918 E. Central Blvd. We operated from this space for about six months until finding our current location. It is our suspicion that the forwarding request for mail had expired by the time the annual report was mailed.

Due to these circumstances, we respectfully request abatement of the reinstatement fee of \$600. We have enclosed a check for \$450.00 in our optimism and to obtain reinstatement as soon as possible. In the event the reinstatement fee is not waived, we will forward the additional fee.

Sincerely,

Isabelle Chauffeton
President

Please ask or answer TIPI : Phone (407) 839 3751- Fax (407) 839 3450

227 N. Magnolia - Suite 200 - Orlando - FL 32801 - USA - Operation offices : New York et Los Angeles
European Sales Office in Paris (France) : Ph : 33 (1) 60 24 33 20 / Fax : (33) 1 60 24 33 21 / E-Mail : tipusa@dub-internet.fr
Contact : Valérie Beltritti - Director of Sales for Europe.