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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 APR 12 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



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

DOCUMENT # INTERNATIONALMINDER, INC.

1. Corporation Name
K46915

2. Principal Office Address 7 ROSERY LANE Suite, Apt. #, etc.		3. Mailing Office Address 7 ROSERY LANE Suite, Apt. #, etc.	
City & State BELLEAIR, FLORIDA		City & State BELLEAIR, FLORIDA	
Zip 33756	Country US	Zip 33756	Country US

4. Date Incorporated or Qualified To Do Business in Florida 11/22/88

5. FEI Number 59-2920313
Applied For Not Applicable

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

0-02

7. Name and Address of Current Registered Agent

Name
DOUGLAS A. IRVING

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

Suite, Apt. #, Etc.

City
BELLEAIR

State
FL

Zip Code
33756

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 Douglas A. Irving Date 4/10/02

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
PD	IRVING, DOUGLAS A.	7 ROSERY LANE	BELLEAIR, FLORIDA 33756
D	IRVING, SARA E.	7 ROSERY LANE	BELLEAIR, FLORIDA 33756
ST	HAWKINS, ERIN	7 ROSERY LANE	BELLEAIR, FLORIDA 33756

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: Douglas A. Irving DOUGLAS A. IRVING, PRESIDENT 4/10/02 727-585-4536

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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

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Fax Number : (850)205-0384

From: Account Name : JOHNSON, BLAKELY, POPE, BOKER, RUPPEL & BURNS, P.A.
Account Number : 076666002140
Phone : (727) 461-1818
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CORPORATION REINSTATEMENT

INTERNATIONALMINDER, INC.

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