PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REIN	RPORATION STATEMENT	DIVIS	DEPARTMENT OF STATE Katherine Harris Secretary of State SION OF CORRESPONDE	R OI	FILED SECRETARY OF STATE VISION OF CORFORATIONS 02 MAR PM 4:00
DOCUMENT # N9800005691 1. Corporation Name Innovative Business Strategies, Inc. c/o Brunt & Company, Inc.					
			ffice Address Biscayne Blvd.		
Suite, Apt. #	t, etc.	Suite, Apt. #, 4	Suite, Apt. #, etc. 108–110		porated or Qualified iness in Florida 10/05/1998
City & State			Miami, FL		Applied For Not Applicable
Zip	Country	Zip 33138		6. CERTIFICATE	E OF STATUS DESIRED
	7. Name and Address of Current Registered Agent Name Samuel J. Brunt Street Address (P.O. Box Number is Not Acceptable) 6301 Biscayne Blvd. Suite, Apt. #, Etc. 108-110 City Miami				
Miami 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					
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	p <u>Harold A.</u> D' etary Lilli <i>e</i>	-	11761 S.W. 226		Miami, FL 33170
Treas	D		8408 S.W. 208t		Miami, FL 33189
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #					