PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATION STATEMENT	FLORIDA DEPART Secretary DIVISION OF CO	y of State		SECRETARY OF STATE DIVISION OF CORPORATIONS 04 JUL 12 AM 8:00
DOCUMENT # 8 00000 108 175					
Intouch Custom Software, Inc				·	e chara marza ca marz
2. Principal	Office Address	3. Mailing Office Address		I KEIN	ISTATEMENT 03-6
20533 BiscayNe Bd.		Same		9 90200	00 2 2
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
21					orated or Qualified
City & State		City & State		To Do Business in Florida 11/17/2000	
Aventura zip Country 33(80 USA				5. FEI Number	_
Zip	Country	Zip	Country	6.	59437 Not Applicable
331	80 USA			CERTIFICATE	OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
		7. Name and A	Address of Current Register	red Agent	
	Name Keun Holloway				
	Street Address (P.O. Box Number is Not Acceptable) Por 3 3				
	Suite, Apt. #, Etc.				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	City Aventura				State Zip Code FL 3 3 (80)
8. I, being appointed the registered agent of the above pamed corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.					
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 PEGISTEREO AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Fiorida nonprofit corporations must list at least 3 directors)					
Name of Street Address of Forh					
Titles	Officers and/or Directors		Officer and/or Director		City / State / Zip
Pres	Keun Holloway		20533 Biscayne Bl. Ziz 20533 Biscayne Divitin		Aventura FC 33180
VILLES	Les Campbe	33Biscayive	e DIVEZIZ	Aventury FL 33880	
Sec	Jan 1/ 14/1/2	101/ 618	39 Spireas	+	Jax 4 32.279
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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 filling 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 may signature shall have the same legal effect as if made under oath. SIGNATURE: Column Tolumn Tolumn					
SIGNATURE: CIGNATURE AND TWEETOR PRINTED NAME OF SIGNING OFFICER OR DISPECTOR					

InTouch Custom Software

202

20533 Biscayne Blvd. #212 Aventura, FL 33180 (305)216-0277

July 9, 2004

State of Florida Division Of Corporations Tallahassee, Florida

Re: InTouch Custom Software Corporate Reinstatement

To whom it may concern:

Enclosed please find the necessary documentation to reinstate the above corporation as active.

As per my conversation with your agent, I am enclosing two \$300.00 fees for the past two years since we have never received any statements, forms or correspondence from you.

Thank you for your prompt attention and resolve of this matter.

Respectfully,

Kevin Holloway President