CORPORATION

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U	MIFORM BUSIN	E55	REPORT	(U	RK)				
DOCUMENT # P02000046351 I. Entity Name INBRANDS CORP.							FILED 03 OCT -9 AM II: 08		
DO NOT WRITE IN THIS SPACE						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
	Place of Business		3. Mailing Address 7225 NW 25 STREET						
7225 NW 25 STREET Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
310 City & State			310 City & State				4. FEI Number 04 0075705 Applied For		
MIAMI Zip	Country		MIAMI Zip		Country		01-0675795 Not Applicable		
33122	3122 USA		33122		USA		5. Certificate of Sta	ius Desired	\$8.75 Additional Fee Required
							7. Name and Address of Current Registered Agent		
وه فتنه دیون در محمونته در به محمونته اسط پدنه سید پنیاد در					Name ROBERT BAUR				
•	- DO NOT W				Street A	Address (P.O. Box Number is Not Acceptable)			
IN THIS SPA			ACE		7225	NW 25	5 STREET, SUITE 310		
					City MIAMI			FL	Zip Code 33122
	e named entity submits this statement tions of registered agent. A Multiple of printed name of registered agent.	Rose	ns Ron	n	Pira	81 JR	whon reinstating)	10/06/03 DATE	
1	FEE IS \$61.25 9. Election Camp Initial or Amended UBR Trust Fund Co.						\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State		
10.	OFFICERS AND C	IRECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBERT BAUR-PRESIDENT 7225 NW 25 STREET, SUITE 310 MIAMI, FLORIDA 33122				E E Et adoress -st-zip			÷	,
TITLE Name Street adoress City-St-Zip					E E EET ADDRESS -ST-ZIP		800023655698 10/09/0301021008 **150.00 *		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					E Et address -St-Zip		DO I	NOT WRI	ΓE
TITLE NAME Street address City-St-Zip					E et address -st-zip		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
ITLE				TITLE					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, withyall other like empowered.

STREET ADDRESS CTTY-ST-ZIP

SIGNATURE: .

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DISCONSTRUCT

DISC

CR2E037B (12/02)

pagerote Miami, October 06, 2003 Florida Department of State **Division of Corporations**

P.O Box 6327 Tallahassee Fl 32314

Ref. Inbrands Corp. Doc #P02000046351

Dear Sir or Madam:

Please find enclosed application for reinstatement with our new address.

We have never received the 2003 Uniform Business Report. It may have been send to a different location.

We are enclosing check over \$150.- to cover the following fee:

2003 Uniform Business Report

We want to ask you for your consideration and waive the penalty for reinstatement of our organization, which was incorporated in 2002.

Thanks in advance.

Sincerely,

Robert P. Baur President 7225 NW 25th Street Suite 310 Miami, FI 33122