

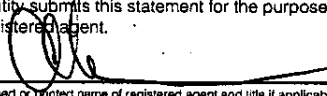
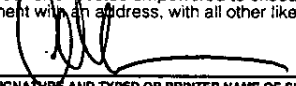


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000102066 1. Entity Name INNOVATIVE PRACTICE SOLUTIONS, INC.						FILED 04 OCT 25 PM 4:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA 500042184175 10/25/04--01082--002 **300.00 	
Principal Place of Business 1120 PINELLAS BAYWAY, #113 TIERRA VERDE, FL 33715				Mailing Address 366 6TH AVE N 422 3RD AVE N. TIERRA VERDE, FL 33715			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address 422 3RD AVE N. Suite, Apt. #, etc. # City & State TIERRA VERDE FL. Zip 33715		4. FEI Number 01-0762841 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Country USA		Country USA		10072004 REIN-P CR2E098 (6/04)			
6. Name and Address of Current Registered Agent SCHERER, ALAIN R 584 CRYSTAL DRIVE MADIERA BEACH, FL 33708				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 422 3RD AVE. N. City TIERRA VERDE FL Zip Code 33715			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  10/06/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHERER, ALAN R 366 6TH AVE N TIERRA VERDE, FL 33715	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SUZANNE SCRUGGS 422 3RD AVE. N. Tierra Verde Fl. 33715	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ALAIN SCHERER 422 3RD AVE. N. Tierra Verde Fl. 33715	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500042184175 10/25/04--01082--002 **300.15				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10/2/04				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE:  Alain R. Scherer 10/6/04 727-692-3409 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							