

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P10763

1. Corporation Name

INVESCO Services, Inc.

Principal Place of Business

1315 Peachtree St. N.E.
 Atlanta, Georgia 30309

Mailing Address

1315 Peachtree St., N.E.
 Atlanta, Georgia 30309

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
EVP DIR	Luis A. Aguilar	1315 Peachtree St., N.E.	Atlanta, GA 30309 100002765311--1 -02/04/93-01104-011
CHAIR	Hubert L. Harris, Jr.	1315 Peachtree St., N.E.	Atlanta, GA 30309 ***1050.00 ***1050.00
CEO DIR	Deborah A. Lamb	1315 Peachtree St., N.E.	Atlanta, GA 30309 100002765311--1 -02/04/93-01104-012
CFO TREAS	Mark F. Moots	1315 Peachtree St., N.E.	Atlanta, GA 30309 *****8.75 *****8.75
SECY	Deborah O'Neal-Johnson	1315 Peachtree St., N.E.	Atlanta, GA 30309
VP/AS	Daniel McConnell	1315 Peachtree St., N.E.	Atlanta, GA 30309
ATREAS	Paul Ribes	1315 Peachtree St., N.E.	Atlanta, GA 30309

FILED

99 JAN 29 AM 8:35

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT 97-99

4. Date Incorporated or Qualified To Do Business in Florida

7/11/86

5. FEI Number

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

T Corporation System
 200 South Pine Island Road
 Plantation, FL33324

Name

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

Suite, Apt. #, Etc.

City

State
 FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT

ALLAN FARNELL
ASSISTANT SECRETARY

Date

1/28/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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)(b), 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

Luis A. Aguilar, Exec. VP

Date

Jan. 27, 1999

Daytime Phone #

404-892-0896

CR2E081 (12/98)