·	PLEASE READ				OMPLET	ING THIS FORM.	6	
	PLICATION		A DE A TUMP San ra	NTO THE				
REIM	STUEMENT	4	Secretary Vision of CORPO	tate		FILED		
DOCUMENT # P95000000236								
1. Corporation Name					98 JUN 29 AM 9: 17			
Ìnvincible Corp.					SECHETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address								
			x 612382 Miami, FL 33161		4	000025780	064O	
	ddresses are incorrect in any way, line thre					000025 78 (-07/01/9801 ****315.00	092002	
Suite, Apt. 6	ncipal Office Address, If Applicable		New Mailing Office Address, If Applicable Suite, Apt. #, etc.			####315.00 ####315.00 4. Date Incorporated or Qualified To Do Business in Florida 12/31/94		
City & State		City & State			5. FEI Number Applied For Not Applied For		Applied For	
Zip	Country	Zip	Countr	у	6	\$8.75 A	dditional Fee required Certificate of Status	
7. Names a	and Street Addresses of Each Officer and/	Lor Director (Flor	rida nonprofit corpora	ations must list at lea	st 3 directors)			
Title(s) 1	Name of Officers and/or Directors 2 3 (D		Of	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numb		City / State /	Zip	
P	Jomo Wynter		PO Box 612382 N/A			North Miami, FL	33161	
VP	An nette Ferguson		PO Box 61	2382 N/A	-	North Miami, FL	33161	
D	Fritz Wynter	PO Box 612382 N/A			North Miami, FL	33161		
D				2382 N/A	}	North Miami, FL	33161	
D	Jonho Mori PO Box 6			2382 <u>N/</u> 4	}	North Miami, FL	33161	
							~150 c/98	
Tomo	6. Name and Address of Current F	nt	Name	9. Name and A	ddress of New Registered Ager	" CO/V"\ §		
Jomo Wynter PO Box 612382 North Miami, FL 33161				Street Address (P	O. Box Number i	s Not Acceptable) LL3NE	. 138 ST.	
				City		State Zi	p Code	
10. I, being	appointed the registered agent of the above	e named control	ation am familiar wi	th and accept the ob	ligations of Section	FL on 607.0505, F.S.		
Signature of Registered A	Igent Section 6	GISTERED AGE	MUST SIGN			Date 6-24-98		
11. Doi Del	es th is corporation pay a pt. o f Revenue under S.	ny intang 199.032,	ible tax to th Florida Statu	e utes. Yes [] No [(See other side for on intangible		
this reins owed by	hat I am an officer or director or the receive tatement application, the reason for dissolute corporation have been paid and the application is true and accurate, and my signation is true and accurate.	ution has been o ames of individu	eliminated, the corpor als listed on this forn	rate name satisfies t n do not qualify for a	ne requirements on exemption under	of section 607,0401 or 617,0401. F	S that all fees	
SIGNAT	URE: SIGNATURE AND TYPED OR PRIN	TED NAME OF SI	GNING OFFICER OR D	omo 3 L	Syntre		Outy Phone #	

April 6, 1998

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re: Invincible Corp. #P95000000236

Gentlemen:

Please find enclosed a reinstatement form and a check in the amount of \$315.00 for the above corporation.

Upon checking with your Public Inquiry section and your Reinstatement section, we were advised that the corporate annual report for 1997 -both the original and the second notice - were returned to you. After further checking, we were told that the address of record is P.O. Box 61232. The correct address, which is reflected on the original documents, is P.O. Box 612382. We were further advised to file the reinstatement form together with a letter explaining the incorrect address and a check in the amount of \$315.00, all of which is enclosed.

Your attention to correcting this problem is greatly appreciated.

Sincerely,

Jomo Wynter President

JW/sh