


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95 000072147			
1. Corporation Name KUUMBA INNOVATIONS, Inc			
2. Principal Office Address Eden 4520 Eden Park Circle Suite, Apt. #, etc.		3. Mailing Office Address PO Box 1773 Suite, Apt. #, etc.	
City & State Orlando, FL Zip 32810 Country USA		City & State Orlando, FL Zip 32802 Country USA	
REINSTATEMENT 04-05 CR2E081 (8/05)			
4. Date Incorporated or Qualified To Do Business in Florida December 1995			
5. FEI Number 593339307		Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$6.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name Dr. NINA D. FRAZIER			
Street Address (P.O. Box Number is Not Acceptable) 4520 Park Eden Circle			
Suite, Apt. #, Etc.			
City Orlando		State FL	
Zip Code 32810-1900			
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 Nina D. Frazier		Date 11-25-05	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	NINA D. FRAZIER	4520 Park Eden Circle	Orlando, FL 32810-1900
VP	JOHN M FRAZIER	4520 Park Eden Circle	Orlando, FL 32810-1900
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 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)(i), 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: Nina D. Frazier NINA D. FRAZIER		Date 11/25/05	Daytime Phone # 321-202-3808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

K UUMBA INNOVATONS, INC.

**4520 Park Eden Circle
Orlando, FL 32810-1900**

November 25, 2005

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

To Whom It May Concern:

I did not receive notice for past payments. I am submitting three hundred dollars (\$300.00) for fees owed and \$8.75 for certificate of status.

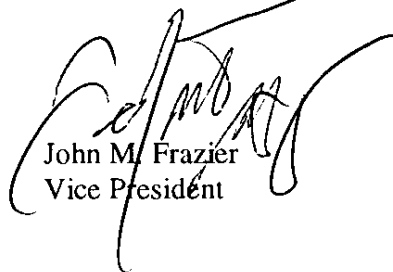
Thank you for updating my status. Please note the address change is 4520 Park Eden Circle, Orlando, FL 32810-1900

For any questions or concerns you may reach me at 321.202.3808 or day time phone at 407.648.0002 ext 316.

Sincerely,



Dr. Nina D. Frazier
President and CEO



John M. Frazier
Vice President