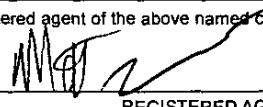
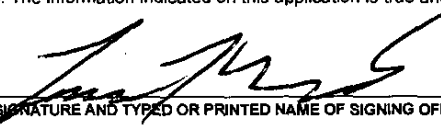


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P96000004613</b> 1. Corporation Name  <b>INVINCA SHIELD, INC</b>			
2. Principal Office Address <b>313 NINTH STREET</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>313 NINTH STREET</b> Suite, Apt. #, etc.	
City & State <b>NORTH WILKESBORO, NC</b>		City & State <b>NORTH WILKESBORO, NC</b>	
Zip <b>28659</b>	Country <b>US</b>	Zip <b>28659</b>	Country <b>US</b>
4. Date Incorporated or Qualified To Do Business in Florida <b>1/11/1996</b>		5. FEI Number <b>59-3360324</b>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name <b>MATTHEW G. GREENE</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>5872 MILTON AVENUE</b>			
Suite, Apt. #, Etc.			
City <b>SARASOTA</b>		State <b>FL</b>	Zip Code <b>34243</b>
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  Date <b>9/20/04</b> 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
P	EDWARD F. GREENE	214 FAIRWAY LANE	WILKESBORO, NC 28697
V	THOMAS L. BELL	212 FINLEY AVENUE	N. WILKESBORO, NC 28659
V	STEPHEN B. GREENE	188 FAIRWAY LANE	WILKESBORO, NC 28697
S	CHRISTOPHER D. LANE	3305 STOCKTON STREET	WINSTON SALEM, NC 27127
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: 		Date <b>9/14/04</b> Daytime Phone # <b>888-338-1385</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>THOMAS L. BELL (VICE-PRESIDENT)</b>			