PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REIN	PLICAT TATE	MENT S		Katherine Ha Secretary of S VISION OF CORPOR	urris State	วเชีย	FILED LGRETARY OF SION OF CORPO	STATE TRATIFIE		
DOCUMENT # P96000065487 1. Corporation Name						01 OCT 31 PM 12: 38				
INNOV	ISION, I	NC.								
Principal Place of Business			Mailing Address				N 1817 B AARIN NINAA BINAA ANDAA	SSIIN AITH BYRT AISAN (BIN)	:661 IBBi	
8310 NORTH SAULRAY STREET TAMPA FL 33604			8310 NORTH-SAULRAY STREET TAMPA FL 33604							
		e incorrect in any way, line the Address, If Applicable	3. New Maili	ng Office Address, I	f Applicable	4. Date Incorp	orated or Qualified			
8318 Suite, Apt.	3 <u>N.S</u> ; #, etc.	aulray St.	8318 N. Saulray St. Suite, Apt. #, etc.			08/00/1990				
City & Stat	е		City & State			5. PEI Numbe	59-339 1959 Applied For Not Applicable			
Zip		Country	Zip	Count	ry	6. CERTIFICATI	E OF STATUS DESIRED	\$8.75 Additional for a Certificate		
7. Names	and Street A	ddresses of Each Officer and	or Director (Flo	1						
Title(s)				Street Address of Each Officer and/or Director						
PD	HANDY, STEVEN T			8310 NORTH SAULPAY STREET			TAMPA FL 33604			
PD Handy, Steven T.				8318 N. Sa		Saulray St.		Tampa, FL 33604		
				\$1			0000046951307 -11/27/0101049011 ****150.00 *****150.00			
				:				Mila	5	
8. Name and Address of Current Registered Agent Name							9. Name and Address of New Registered Agint 21 & Utera, P.A. 9. O. Box Number is Not Acceptable) Coral Way			
AMERILAWYER CHARTERED 349 ALMERIA AVENUE CORAL GABLES FL 93134					Spiegel & Utera, P.A. Street Address (P.O. Box Number is Not Acceptable) I 840 Coral Way Suite, Apt. #. Etc. 4th Floor					
					City Miami			State Zip Code FL 33415	5	
10. I, bein Signature Registered	of	he registered agent of the ab		oration, am familiar v	with and accept the ol	bligations of Sect	10 /2 4/0 Date 4/1	, 1'		
this rei owed b	nstatement ap by the corpora	office or director or the recepplication, the reason for dissation have been paid and the true and accurate, and my s	olution has beer names of individ	n eliminated, the corp duals listed on this fo	oorate name satisfies orm do not qualify for	the requirements an exemption un	s of section 607.0401 o	or 617.0401, F.S., that	all fees	

SIGNATURE:

HANDY COPIER SERVICE

8318 N. SAULRAY ST. TAMPA, FL 33604 TELEPHONE: (813) 932-0447 FAX: (813) 932-1435

Addresses of the constraint of

October 10, 2001

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

Dear Sir/Madam:

We are receipt of a "Notice of Administrative Dissolution or Revocation". I apologize for the delay in responding to the original notice, but we have undergone some administrative changes and we did not receive the original notice. In addition to those changes, our address is not correct on the current form, which would also account for the delay in our receiving the original notice. I am requesting that you waive my re-instatement fees. In the future, I will make sure this form is filled out properly and promptly.

We spoke with a representative from your office and he told me these forms are mailed out by the end of January. If we haven't received one, we are to contact your office and one will be mailed to us.

We really appreciate the understanding and patience shown by your office upon receiving our phone call. Thank you for your consideration and please let me know if I need to provide any further information to you.

Sincerely yours,

Steven T. Handy President/Director

Innovision, Inc.

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