
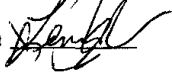
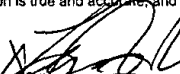


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97 0000 14886			
1. Corporation Name I V E L , I N C .			
2. Principal Office Address 6714 Barkwood Dr.		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jax FL		City & State	
Zip 32277	Country U.S.A.	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 09/13/99		5. FEI Number 09-3426182	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
7. Name and Address of Current Registered Agent			
Name LEVI JORDAN		200004602622-3	
Street Address (P.O. Box Number is Not Acceptable) 6714 Barkwood Drive		-09/20/01-01051-019	
Suite, Apt. #, Etc.		REINSTATEMENT 99/01	
City Jax		State FL	Zip Code 32277
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 8/30/01	
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/D	Levi Jordan	6714 Barkwood Drive	Jax FL 32277
S/D	Berlinda Tookes	2020 W. 11th St.	Jax FL 32208
T/D	Dee Callahan	6714 Barkwood Drive	Jax FL 32277
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: 		8/30/01 904 353 0015	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #