	-PLEASE READ	ALL INSTRUCTIO	NS BEFORE C	COMPLETING THI	S FORM.	100
córporation 99-01 UBR		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 JAN 16 PM 4:45		
DOCUMENT # P9700035726 1. Corporation Name T. I. P. I., INC.				SECRET. TALLAHA	Wiy of State Ssee, Florida	
2. Principal Office Address 227 N. Magnolia Ave. Suite, Apt. #, etc. 6te-200 City & State O Hando, FL Tip Country 32801 USA		3. Mailing Office Address 227 N. Magnolia Ave. Suite, Apt. #, etc. City & State OHlando, FL Zip Country 32801 USA		4. Date Incorporated or Qualified To Do Business in Florida 4/22/1997 5. FEI Number		
Suite, A	William N. Asma, P.A. Street Address (P.O. Box Number is Not Acceptable) 884 South Dillard Street Suite, Apt. #, Etc. *****450.00					
	_	e named corporation, am famil	iar with and accept the ob	,		

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of Titles City / State / Zip Officers and/or Directors Officer and/or Director Isabelle Chausselor 429 E. Alpine St. Altamonte Springs, FL 32701

William N. Asma

REGISTERED AGENT MUST SIGN

10.1 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 filling 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:

Signature of Registered Agent

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Date //8/0/





The Incentive Partner Inc.

Email: tipiusa@earthlink.net

WEB page on: http://www.tipiusa.com

January 5, 2001

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

Dear Sir or Madam:

Please find enclosed our application for corporation reinstatement.

In an effort to register a fictitious name, we became aware that our corporate annual report had not been filed in 1999. We were unaware the corporation had been dissolved for failure to file. Since we have changed bookkeepers, we can only surmise that we did not receive the form in 1999. The business moved to its present location in July of 1998. The business initially operated from office space at 7081 Grand National Drive, Orlando, Florida and later moved to 918 E. Central Blvd. We operated from this space for about six months until finding our current location. It is our suspicion that the forwarding request for mail had expired by the time the annual report was mailed.

Due to these circumstances, we respectfully request abatement of the reinstatement fee of \$600. We have enclosed a check for \$450.00 in our optimism and to obtain reinstatement as soon as possible. In the event the reinstatement fee is not waived, we will forward the additional fee.

Sincerely,

Isabelle Chauffeton

President