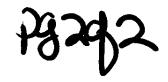
NS-BEFORE COMPLETING THIS PLEASE READ ALL INSTRUC SECRETARY OF TALLAHASSEE, FLORIDA 01 JUL 19 AM 11: 13 P9900086094 DOCUMENT # Vitality Special Events, Corp. 500004494285 07/24/01--01089--024 ****300.00 ****300.00 500004494285--7 -07/24/01--01089--025 ******8.75 ******8.75 3. Mailing Office Address 2. Principal Office Address Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida Applied For Not Applicable Countr Zip \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Name and Address of Current Registered Agent Name Street Addre Suite, Apt. #, Etc. State City the obligations of section 607.0505 or 617.0503, F.S. ve named cor 8. I, being appointed the registere 7-17-01 Signature of Registered Agent REGISTERED AGENT MUST SIGN 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 City / State / Zip Titles Officers and/or Directors SP 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR





9809 N.W. 2ND COURT PLANTATION, FLORIDA 33324 (954) 474-5200 (954) 474-5351 FAX VITALITYEVENTS@ADL.COM EMAIL

DATE:

7/16/01 PREPARED BY: JANICE HALL

DOCUMENT #

01-

7/16-CRPST

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

P.O. BOX 6327

TALLAHASSEE, FLORIDA 32314

REGARDING: CORPORATION STATUS

DIVISION OF CORPORATIONS/STACY PRATHER:

AS PER OUR CONVERSATION PLEASE FIND THE ENCLOSED CASHIER'S CHECK IN THE AMOUNT \$300.00 AS WELL AS THE FORM YOU SENT.

PLEASE NOTE THAT AS OF OUR RELOCATION WE HAVE NOT RECEIVED OUR ANNUAL REPORT FORM. PLEASE CORRECT THE ADDRESS IN THE STATE'S COMPUTER.

THANK YOU FOR YOUR ASSISTANCE AND ATTENTION TO THIS MATTER.

REGARDS,

JANICE HALL

SECRETARY/TREASURER

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