


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PS 102

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
OCT 12 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S49955**

1. Corporation Name
IN-VINCE-ABLE, Inc.

2. Principal Office Address 20160 NW 9th Dr. Suite, Apt. #, etc.		3. Mailing Office Address 20160 NW 9th Dr. Suite, Apt. #, etc.	
City & State Pembroke Pines, FL		City & State Pembroke Pines, FL	
Zip 33029	Country USA	Zip 33029	Country USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida
05/01/1991

5. FEI Number
65-0256705

6. CERTIFICATE OF STATUS DESIRED \$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Vince Taylor

Street Address (P.O. Box Number is Not Acceptable)
20160 NW 9th Dr.

Suite, Apt. #, Etc.
400041816204
10/12/04--01040--001 **300.00

City
Pembroke Pines

State
FL

Zip Code
33029

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.

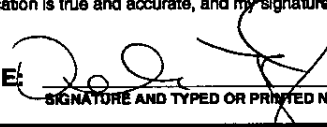
Signature of Registered Agent _____ Date _____

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
DP	Vince Taylor	20160 NW 9th Dr.	Pembroke Pines, FL 33029
D.V.	Veranda Taylor	20160 NW 9th Dr.	Pembroke Pines, FL 33029

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)(f), 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:  **10-8-04 (954) 610 6314**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E081 (01/04)

P 212

IN-VINCE-ABLE, INC
20160 NW 9TH DRIVE
PEMBROKE PINES, FL. 33029
Tel: (954) 4360-0452
Fax: (954) 436-3137
Email: RandiTaylor1@aol.com

Re: Document Number S49955

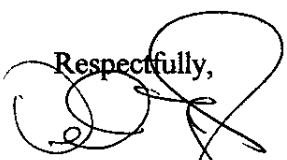
To Whom It May Concern:

Enclosed, please as advised; find a copy of the corporation reinstatement for our company, as well as check # 1190 in the amount of \$ 300.00. We did not receive a notice to pay in the year 2003.

Thank you for your time and cooperation. If you should have any further questions, please do not hesitate to contact me at (954) 610-6314.

Have a wonderful day.

Respectfully,



Veranda B. Taylor
Vice-President