

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB 26 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S80936**

1. Corporation Name

IN. VIBRATION. INC.

2. Principal Office Address

3600 N. STATE RD 7

Suite, Apt. #, etc.

319

City & State

MIRAMAR, FL.

Zip

33023

Country

BROWARD

3. Mailing Office Address

3600 N. STATE RD 7

Suite, Apt. #, etc.

319

City & State

MIRAMAR, FL

Zip

33023

Country

BROWARD

REINSTATEMENT

0201

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NATALIE

CHUNG- FEARON.

Street Address (P.O. Box Number is Not Acceptable)

410 N.W. 84 TER.

500003801805

Suite, Apt. #, Etc.

03/06/01 - 01/03/02

*****2100.00 ***2100.00**

City

Miami

State

FL

Zip Code

33169.

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

ALVA - FEARON

REGISTERED AGENT MUST SIGN

Date **2/22/01**

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
CEO	ALVA - FEARON	410 N.W. 184 TER.	Miami, FL 33169
Vice Pres	STEVE MARGH	3945 N.W. 176 ST	Miami, FL 33055
OPERATIONS	ERROL CHUNG	9349 N.W. 24 PL	PREMBROKE PINES 33024
MANAGEMENT	DEVONTY THOMAS	9855 N.W. 16 CT.	PREMBROKE PINES 33024
Secretary	NATALIE - CHUNG FEARON	410 N.W. 184 TER.	Miami, FL 33169

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:

ALVA - FEARON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(954) 894-8470
Daytime Phone #

CR2E081 (9/00)