1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 AUG 10 AM 8:43

DOCUMENT # S80936

REINSTATEMENT 02-04

1. Corporation Name
INVIBRATION, INC.

2. Principal Office Address	3. Mailing Office Address
3600 South State Rd. 7	3600 S. State Rd. 7
Suite, Apt. #, etc.: 306	Suite, Apt. #, etc.: 306
City & State: Miramar, FL.	City & State: Miramar, FL.
Zip: 33023 Country:	Zip: 33023 Country:

4. Date Incorporated or Qualified To Do Business In Florida: 9/16/1991

5. FEI Number: 65-1087468 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee Required for Certified Copy

7. Name and Address of Current Registered Agent

Name: ALVA FEARON

200040260252
08/13/04--01058--008 **450.00

Street Address (P.O. Box Number is Not Acceptable): 3600 South State Road 7

Suite, Apt. #, Etc.: 306

City: MIRAMAR State: FL Zip Code: 33023

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

CR2E063 (01/04)

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
Pres	ALVA FEARON	3600 S. State Rd 7 #306	MIRAMAR, FL 33023
V.P	NATALIE CHUNG FEARON	3600 S State Rd. 7 #306	MIRAMAR, FL 33023
BM	O'NEIL SAMUELS	3600 S State Rd 7 #306	MIRAMAR, FL 33023
T	FITZROY DELLSSER	3600 S State Rd 7 #306	MIRAMAR, FL 33023
BM	ERROL CHUNG	3600 S. State Rd 7 #306	MIRAMAR FL 33023

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 — Daytime Phone #

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 AUG 10 AM 8:43

2072

INVIBRATION INC

3600 S. State Rd 7, Ste 306 ·
Miramar, FL 33023

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

To Whom It May Concern:

This is to inform that In-Vibration Inc. did not receive notices for 2002. We are herby requesting the late fees to be waived.

Sincerely,

Alva Fearon
President

Hotline: (954) 965-4500 (305) 474-0109 Office: (954) 962-1330 Fax: (954) 962-6051