

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSSECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 AUG 10 AM 8:43

DOCUMENT # 580936

1. Corporation Name

INVIBRATION, INC.

2. Principal Office Address

3600 SOUTH STATE RD. 7

Suite, Apt. #, etc.

306

City & State

MIRAMAR, FL.

Zip

33023

Country

3. Mailing Office Address

3600 S. STATE RD. 7

Suite, Apt. #, etc.

306

City & State

MIRAMAR, FL.

Zip

33023

Country

REINSTATEMENT 02-04

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 ☐Addendum to the Application
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ALVA FEARON

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

3600 SOUTH STATE ROAD 7

Suite, Apt. #, Etc.

306

City

MIRAMAR

200040260252

08/17/04--01068--008 **150.00

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)

Title	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 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)(l), 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

INVIBRATION INC

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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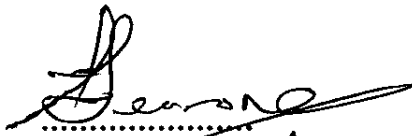
2 of 2

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