

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 OCT 25 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 580936

1. Corporation Name

IN VIBRATION INC.

2. Principal Office Address - No P.O. Box #

560 N.W. 165 ST/RO

Suite, Apt. #, etc.

201

City & State

MIAMI

Zip

33169

Country

DADE

3. Mailing Office Address

560 N.W. 165 ST/RO

Suite, Apt. #, etc.

201

City & State

MIAMI

Zip

33169

Country

DADE

REINSTATEMENT 06-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

09-16-1991

5. FEI Number

651087468

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

GARTH ROSE - P.H.D.

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

5950 WEST OAKLAND P.K. BLVD

Suite, Apt. #, Etc.

308

City

LAUDERHILL

State

FL

Zip Code

33313



The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature]

Date

10.24.07

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
P	RANSFORD FEARON	3618 ROYALLE TER.	WELINGTON, FL 33467

400111490244
10/30/07--01021--008 **300.00

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 contained in Chapter 119, 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:

Ransford Fearon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.24.07

Date

Daytime Phone #

10/26/07