

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000035384**

1. Corporation Name

IMPACT EDUCATION AND TRAINING, INC.

Principal Place of Business

8131 140TH STREET NORTH
SEMINOLE FL ~~34646~~

Mailing Address

8131 140TH STREET NORTH
SEMINOLE FL ~~34646~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/09/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3279494

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

33776

33776

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	RASOR, CAROL E.	8131 140TH STREET, NORTH	SEMINOLE FL

600009602986
12/19/02--01091--007 **150.00

8. Name and Address of Current Registered Agent

RASOR, STEPHEN M
8131 140TH STREET NORTH
SEMINOLE FL 34646

9. Name and Address of New Registered Agent

Name

Carol E. Rasor

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

8131 140th St. N.

Suite, Apt. #, Etc.

City

Seminole

State

FL

Zip Code

33776

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12-1-02

11. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-1-02 727-393-6320

Daytime Phone #

2 of 2

**Carol E. Rasor, Ph.D.
Impact Education and Training, Inc.
8131 140th Street North
Seminole, Florida 33776**

December 1, 2002

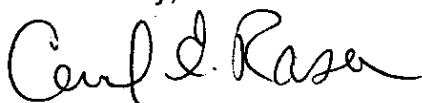
Mr. Jim Smith, Secretary of State
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Mr. Jim Smith,

I would like to take this opportunity to explain my situation and make a request that the reinstatement fee penalty be waived for my corporation. I did not receive two prior uniform business report notices. I can only attribute this to either your agency not sending them to me, which I think is unlikely but possible, or the fact that I am concluding a very difficult divorce situation. I believe that my husband, who is listed as the registered agent, did not inform me of the UBR(s) and failed to complete this paperwork even though it was agreed upon between us that it was his responsibility. His only responsibilities for the corporation was administrative filings and taxes, both of which he failed to complete. Therefore, per our marital agreement, he will no longer be involved in the corporation.

I am enclosing my \$150.00 fee to file the report without penalty. Please give me the opportunity to restore my corporation. I am a hard working-woman but my corporation has been struggling this past year. Please assist me in this request.

Sincerely,



Carol E. Rasor, Ph.D.