	anto COOOO (3079
City/State/	Address FL 32303 (904) 224-1020 Zip Phone #	ce Use Only
1. Impo	oration Name) (Document #)	
4(Corp	oration Name) (Document #)	900001868293 -06/19/9601010014 *****78.75 *****78.75
Walk in Mail out	Pick up time Certified © Will wait Photocopy Certificate AMENDMENTS:	$\omega = \omega / 2$
Profit NonProfit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/ Director Change of Registered Agent Dissolution/Withdrawal Merger	FILED STATE OF CORPORATIONS H 18 PH 4: 22
Annual Report Fictitious Name Name Reservation	REGISTRATION/ QUALIFICATION Foreign Limited Partnership	•
14ane Reservation	Reinstatement Trademark Other	

Examiner's Initials

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THOMAS L. BACE

Attorney at Law

54 E. Water Street Toms River, New Jersey 08753 (908) 240-6767

June 5, 1996

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

Attn: Qualification/Tax Lien Section

Re: Impact Unlimited, Inc.

Our File No. 12544

SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JULY 18 PM 4: 22

Gentlemen:

I represent Impact, Unlimited, Inc., a New Jersey Corporation who seeks to obtain authorization to transact business in the State of Florida. In that regard, I enclose herein the form transmittal letter, together with two (2) completed applications and a certification issued by the New Jersey Secretary of State regarding the active status of Impact, Unlimited, Inc. in the State of New Jersey.

I am also enclosing herein my law office check in the amount of \$78.75, representing the \$70.00 registration fee and a request for Certificate of Status in the amount of \$8.75.

Kindly attend to recording the enclosed, furnishing me with the requested certificate. If there should be any further information required, I would appreciate your contacting me.

Very truly yours,

THOMAS L. BĀCE

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TRANSMITTAL LETTER

TO: Qui	dification/l'ax Lien Section ision of Corporations				
SUBJECT:	IMPACT UNLIMITED, INC.	nust include suffix)	·	***************************************	
Dem Sir or	Madam:				
The enclose Florida", "C foreign corp	ed "Application by Foreign Corporation Certificate of Existence", and check are a poration to transact business in Florida.	for Authorization to Tabbuilted to register th	ransact Busine e above refere	ısı in need	
	n all correspondence concerning this ma				
	Thomas L. Bace, Esquire (Namo of P	rtsion)		96 JUN 11	SECRETA DIVISION OF
	(Firm/Com	nany)		<u>101</u>	COPPO RY OF
	54 E. Water Street (Addres	3)		18 PH 4: 22	STATE STATE
	Toms River, New Jersey 08:				
Should you i	need to call someone concerning this ma	itter, please call:			
	Thomas L. Bace, Esquire	at (908	240-6767		
	(Name of Person)	(Area Code & Day	ytime Telephone	Numbe	r)
COURIER A	ADDRESS:	MAILING ADDRES	S:		

Qualification/Tax Lien Sect: Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. IMPACT UNLINITED, INC. (Name of corporation: must include the word "INCORPORATED", "COMPANY"," abbreviations of like import in language as will clearly indicate that it is a corporation person or parties ship if not so contained in the name at present.)	ORPORATION" or words or instead of a natural	
2. New Jersey (State or country under the law of which it is incorporated) 3. 22-1985926 (FEI	number, if applicable)	
4. Second Amended Certificate 1/31/94; Second Amended Certificate 10/10/95 (Date of Incorporation) 5. Perpetun1 (Duration: Year corp.)	will cease to exist or 'perpendal')	
6. Date of filing of the within application. (Date first transacted business in Florida (See sections 607.1501, 607.1502, AN	8 33E	
7. Impact Unlimited, Inc.	2:41:4:5 0:4:4:5:0	
250 Ridge Road, P.O. Box 558, Dayton, New Jersey 08810 (Current mailing address)		
Manufacture and sale of commercial displays with relate other activities as permitted by New Jersey law. (Purpose(s) of corporation authorized in home state or country to be carried out in the Florida) 9. Name and street address of Florida registered agent: (P.O. Box of acceptable)	state of	
Name: Edwin F. Blanton		
Office Address: 825 Thomasville Road		
Tallahassee, , Florida , (Zip	32303 (code)	
10. Registered agent's acceptance:	Cours	
Having been named as registered agent and to accept service of process corporation at the place designated in this application, I hereby accept registered agent and agree to act in this capacity. I further agree to co all statutes relative to the proper and complete performance of my dutte and accept the obligations of my position as registered agent.	mnly with the provisions of	

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

See Certificate Attached.

12. Names and addresses of officers and/or directors: (Street address ONLY-P. O. Box NOT acceptable) A. DIRECTORS (Street address only- P. O . Box NOT acceptable) Richard V. Nelson Chairman: ____ 115 Passaic Avenue, Spring Lake, New Jersey Address: ____ Vice Chairman: Barbara C. Nelson Address: 115 Passaic Avenue, Spring Lake, New Jersey Director: Address: ______ Director: ______ Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) Richard V. Nelson President: ____ 115 Passaic Avenue Address: Spring Lake, New Jersey Vice President: Address: _______ Barbara C. Nelson Secretary: __ 115 Passaic Avenue Address: ____ Spring Lake, New Jersey Treasurer: Address: _ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. ____, President 13. -(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

Richard V. Nelson, President, Impact Unlimited, Inc. (Typed or printed name and capacity of person signing application)

NEW JERSEY SECRETARY OF STATE

IMPACT UNLIMITED, INC.

I, THE SECRETARY OF STATE OF THE STATE OF NEW JERSEY, DO HEREBY CERTIFY THAT THE RECORDS OF THIS OFFICE SHOW THAT THE CHARTER/AUTHORITY OF THE ABOVE-NAMED NJ BUSINESS WAS FILED IN THIS OFFICE ON JAN. 19,1973.

I FURTHER CERTIFY, THAT SO FAR AS THE RECORDS OF THIS OFFICE SHOW, SAID BUSINESS HAS NOT BEEN DISSOLVED, CANCELLED, OR WITHDRAWN, NOR HAS ITS CHARTER/AUTHORITY BEEN VOIDED/REVOKED FOR NON-PAYMENT OF STATE TAXES BY PROCLAMATION. IT NOW CONTINUES TO MAINTAIN ACTIVE STATUS WITHIN THE STATE OF NEW JERSEY. AT THE TIME OF THE ISSUANCE OF THIS CERTIFICATE, ANNUAL REPORTS ARE CURRENT.

I FURTHER CERTIFY THAT THE LOCATION OF THE REGISTERED OFFICE IS

54 E. WATER STREET

TOMS RIVER

NJ 08753

AND THE REGISTERED AGENT IS THOMAS L. BACE.

APR. 26,1996

onne R. Hooler

