

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000112347

**FILED**  
**Nov 11, 2008**  
**Secretary of State**

**Entity Name:** IMPACT SYSTEMS TECHNOLOGY LLC.

**Current Principal Place of Business:**

10650 NW 29 TERR.  
DORAL, FL 33172

**New Principal Place of Business:**

7721 NW 7 ST  
APT 817  
MIAMI, FL 33126

**Current Mailing Address:**

10650 NW 29 TERR.  
DORAL, FL 33172

**New Mailing Address:**

7721 NW 7 ST  
APT 817  
MIAMI, FL 33126

**FEI Number:** 26-1759441      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ACEVEDO, JOSE  
10650 NW 29 TERR.  
DORAL, FL 33172      US

**Name and Address of New Registered Agent:**

ACEVEDO, JOSE  
7721 NW 7 ST  
APT 817  
MIAMI, FL 33126      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOSE R ACEVEDO

11/11/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MR ( ) Change (X) Addition  
Name: SANDIN, ALIAN VP  
Address: 1891 NW 16 SR  
City-St-Zip: MIAMI, FL 33125

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ALIAN SANDIN

VP

11/11/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date