

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L80579**

1. Corporation Name

IMPACT COMMUNICATIONS INC.

Principal Place of Business

C/O JACK MICHAEL WOLFE

~~402 NW 87TH STREET~~

~~MIAMI FL 33187~~

Mailing Address

C/O JACK MICHAEL WOLFE

~~402 NW 87TH STREET~~

~~MIAMI FL 33187~~

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

2. New Principal Office Address, If Applicable

7695 S.W. 104TH Street

Suite, Apt. #, etc.

Suite No. 220

City & State

MIAMI, FLA.

Zip

33156-3156

Country

DADE

3. New Mailing Office Address, If Applicable

P.O. Box 833347

Suite, Apt. #, etc.

City & State

MIAMI, FLA.

Zip

33283-3347

Country

DADE

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

06/12/1990

5. FEI Number

65-0206456

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	WOLFE, JACK MICHAEL	8181 NW 36 ST, STE 1 7695 S.W. 104TH St.	MIAMI FL 33156-3156
V	WOLFE, DOROTHY	8181 NW 36TH ST, SUITE 1 7695 S.W. 104TH St.	MIAMI FL 33156-3156

8. Name and Address of Current Registered Agent

WOLFE, DOROTHY F

~~8181 NW 36 ST.~~

SUITE 1

MIAMI FL 33106

7695 S.W. 104TH St.

Suite 220

MIAMI, Fla 33156

9. Name and Address of New Registered Agent

Name

900002375719-9

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

12/12/97-0111-001

Suite, Apt. #, Etc.

*****758.75 ***758.75**

City

State

FL

Zip Code

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.

Signature of Registered Agent

Dorothy F. Wolfe

REGISTERED AGENT MUST SIGN

Date

12/4/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on Intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/4/97

Date

(305) 661-2222

Daytime Phone #

CR2040 (8/97)