

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000007075

1. Corporation Name

Eminent Impact, Inc.

2. Principal Office Address - No P.O. Box #
4174 Inverrary Drive

Suite, Apt. #, etc.
915

City & State
Lauderhill, Florida

Zip
33319

Country
USA

3. Mailing Office Address
4174 Inverrary Drive

Suite, Apt. #, etc.
915

City & State
Lauderhill, Florida

Zip
33319

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida **9/17/02**

5. FEI Number
16-1627925

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
Lori A. Brown

Street Address (P.O. Box Number is Not Acceptable)
4174 Inverrary Drive

Suite, Apt. #, Etc.
915

City
Lauderhill

State
FL

Zip Code
33319

☐ 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

Lori A. Brown

Date **1/31/07**

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/T/D	Lori A. Brown	4174 Inverrary Drive, #915	Lauderhill, Florida 33319
S/D	Anitra Brown	2171 Northwest 33rd Avenue	Lauderdale Lakes, Florida 33311
VP/D	Bernice Davis	2676 Northwest 24th Street	Fort Lauderdale, Florida 33311

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:

Lori A. Brown

Lori A. Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/07

Date

Daytime Phone #

954-661-8705

FILED

2007 FEB -5 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800088285948
02/14/07--01010--013 **367.50

CR2E081 (1/07)

REINSTATEMENT

B2/1/07

05-07

Lori Ann Brown

4174 Inverrary Drive, #915
Lauderhill, Florida 33319
Telephone: (954) 661-8705
Email: Lbrown2410@aol.com

February 1, 2007

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Matter: *Reinstatement of Eminent Impact, Inc.*
Document No.: N02000007075

Dear Sir/Madam:

Please find enclosed the following relative to the above captioned matter:

1. Corporation Reinstatement for "Eminent Impact, Inc."
2. A draft of a check in the amount of \$367.50.

Kindly forward a Certificate of Status to the undersigned at your earliest convenience.

Respectfully,



Lori A. Brown

LAB/lb

Enclosures