

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 11 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NO7000000288**

1. Corporation Name

Impact the City International

2. Principal Office Address - No P.O. Box #

950-23 Blanding Blvd

Suite, Apt. #, etc.

233

3. Mailing Office Address

950-23 Blanding Blvd

Suite, Apt. #, etc.

233

City & State

Orange Park, FL

City & State

Orange Park, FL

Zip

32065

Country

USA

Zip

32065

Country

USA

800171870088

03/11/10--01025--018 **183.75

CR2E081 (11/09)

REINSTATEMENT

08-10

4. Date Incorporated or Qualified
To Do Business in Florida

1/1/2007

5. FEI Number

208189086

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

Pamela A Russell

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

613 Constitution Dr

Suite, Apt. #, Etc.

City

Orange Park

State

FL

Zip Code

32073

☒ 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

Pamela A Russell

REGISTERED AGENT MUST SIGN

Date **3/9/2010**

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
E	ERIC Jaffe	1512 Brookstone Dr Orange Park, FL 32073	Orange Park FL 32073
A.	Pamela Russell	613 Constitution Dr	Orange Park FL 32073
T	Danny Russell	613 Constitution Dr	Orange Park FL 32073

10. E-mail Address: **par@russellca.com**

(To be used for future annual report notification)

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. I further certify, 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:

Pamela A. Russell

Pamela A Russell

3/9/2010

(904) 272-6037

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/13