

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**FILED**

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 DEC 22 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N97000006969

1. Corporation Name

IMPACT 21, INC.

2. Principal Office Address

997 PARKER ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

997 PARKER ROAD

Suite, Apt. #, etc.

City & State

Zolfo Springs FL

City & State

Zolfo Springs FL

Zip

33890

Country

US

Zip

33890

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

12-15-97

5. FEI Number

65-0836801

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

CR2E081 (12/05)

00-06

7. Name and Address of Current Registered Agent

Name

DEBON P DONALDSON

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

170 SOUTH ANOKA AVENUE

Suite, Apt. #, Etc.

City

ANOKA PARK

State

FL

Zip Code

33825

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

*[Signature]*

Date 12-18-06

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	RICHARD HOWARD	997 PARKER ROAD	ZOLFO SPRINGS, FL 33890
VP/S	EDWINESS HOWARD	997 PARKER ROAD	ZOLFO SPRINGS, FL 33890

900082734989  
12/22/06--01026--016 \*\*503.75

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-18-06

Date

863-453-1335

Daytime Phone #

DEC 22 2006