PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P00000023295

1. Corporation Name

IMPACT SIGNS, INC.

Principal Place of Business

Mailing Address

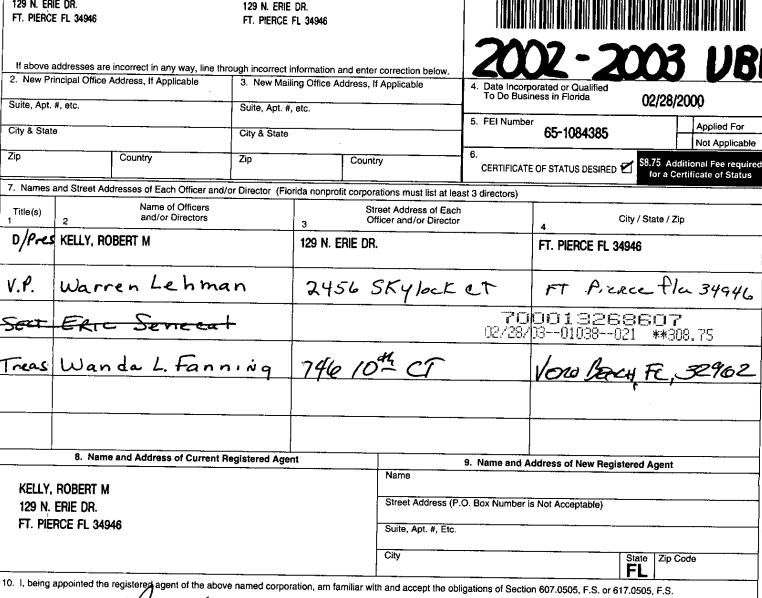
129 N. ERIE DR. FT. PIERCE FL 34946

129 N. ERIE DR.



03 JAN 22 AM 10: 49

TALLAHASSEE, FLORIDA



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 filling 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 ply signature spail have the same legal effect as if made under oath.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date //21/03

1-23-03/ Fed X

IMPACT SIGNS

1/27/03

TO WHOM IT MAY CONCERN,

I AM QUITE NEW AT BEING INCORPORATED, IWAS VERY SURPRISED WHEN I KECIEVED THIS REDOCATION NOTICE, I DIDN'T KNOW WHY UNTIL I SPOKE WITH GLENDA WITH CORPORATE ALLESS, SHE TOLD ME THAT THE REASON I WAS KEVOKED WAS BECAUSE I NEVER FILLED OUT A URB REPORT, I DON'T BELIEVE I EVER RECIEVED ONE, I REALLY DON'T KNOW WHAT ONE IS, BUT I WOULD BE HAPPY TO FICK ONE OUT IF YOU SEND ME ONE.

THE REASON THAT I HAVEN'T FILLED OUT THIS PAPER WORK EARLIER IS THAT I SIMPLY CANT AFFORD IT. I HAVE HAD AN AWFUL TIME HERE RECENTY WITH MY OW EQUIPMENT TRYING TO KILL ME,

I WOULD LIKE TO ASK YOU TO WOIVE THE GOOD FEE, BECAUSE I DON'T THINK I CAN RECOVER IF I Pay THE PENALTY, PLEASE HELP ME, I'M DO BETTER IN THE FUTURE.

Yours truly O, +1/11 -