


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Jim Smith Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P00000023295

1. Corporation Name

IMPACT SIGNS, INC.

Principal Place of Business

129 N. ERIE DR.
FT. PIERCE FL 34946

Mailing Address

129 N. ERIE DR.
FT. PIERCE FL 34946

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/28/2000

5. FEI Number

65-1084385

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	4 City / State / Zip
D/Pres	KELLY, ROBERT M	129 N. ERIE DR.	FT. PIERCE FL 34946
V.P.	Warren Lehman	2456 SKYLOCK CT	FT. PIERCE FL 34946
Secy	ERIC SENECA		
Treas	Wanda L. Fanning	746 10 th CT	Vero Beach, FL, 32962

8. Name and Address of Current Registered Agent

KELLY, ROBERT M
129 N. ERIE DR.
FT. PIERCE FL 34946

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

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. or 617.0505, F.S.

Signature of
Registered Agent

 SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

1/21/03

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

03 JAN 22 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2002-2003 UBR

CR2040 (8/02)

1-23-03 / Fed X 282

IMPACT SIGNS

1/27/03

TO WHOM IT MAY CONCERN,

I AM QUITE NEW AT BEING INCORPORATED, I WAS VERY SURPRISED WHEN I RECEIVED THIS REVOCATION NOTICE, I DIDNT KNOW WHY UNTIL I SPOKE WITH GLENDA WITH CORPORATE ACCESS, SHE TOLD ME THAT THE REASON I WAS REVOKED WAS BECAUSE I NEVER FILLED OUT A URB REPORT, I DONT BELIEVE I EVER RECEIVED ONE. I REALLY DONT KNOW WHAT ONE IS, BUT I WOULD BE HAPPY TO FILL ONE OUT IF YOU SEND ME ONE.

THE REASON THAT I HAVENT FILLED OUT THIS PAPER WORK EARLIER IS THAT I SIMPLY CANT AFFORD IT. I HAVE HAD AN AWFUL TIME HERE RECENTLY WITH MY OLD EQUIPMENT TRYING TO KILL ME.

I WOULD LIKE TO ASK YOU TO WAIVE THE \$600.00 FEE, BECAUSE I DONT THINK I CAN RECOVER IF I PAY THE PENALTY. PLEASE HELP ME, I'LL DO BETTER IN THE FUTURE.

YOURS TRULY D. L. H. -