

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV -6 PM 12:29

DOCUMENT # *000000065361*

1. Corporation Name

Impact I, Inc.

9/21/01

2. Principal Office Address

19735 Turnberry Way

Suite, Apt. #, etc.

3. Mailing Office Address

19735 Turnberry Way

Suite, Apt. #, etc.

City & State

Aventura, FL

Zip

33180

Country

City & State

Aventura FL

Zip

33180

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/6/2000

5. FEI Number

05-1022489

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

Patrice Bisiot

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

20945 Bay Court

Suite, Apt. #, Etc.

City

Aventura

State

FL

Zip Code

33180

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

REGISTERED AGENT MUST SIGN

Date *Nov 1st 2001*

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
<i>D</i>	<i>Patrice Bisiot</i>	<i>20945 Bay Court</i>	<i>Aventura FL 33180</i>
<i>D</i>	<i>Mark Lowe</i>	<i>2100 Brickell Ave #301</i>	<i>Miami, FL 33129</i>
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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Nov 1st 2001

Daytime Phone #

CR2001 (9/00)

STEVEN C. KLEIN, CPA, P.A.

7522 WILES ROAD • SUITE 210
CORAL SPRINGS, FLORIDA 33067
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FAX (954) 340-9005
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October 31, 2001

Department of State
Divisions of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Impact I, Inc.
Document # P00000065361
FEI # 65-1022489

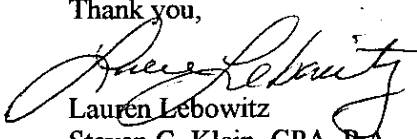
To whom it may concern;

Enclosed you will find a Corporation Reinstatement application for Impact I, Inc. The original 2001 Uniform Business Report was filled out and sent to the department on or about February 15, 2001 along with the payment of \$150.00, a copy of both are also enclosed. At this time the corporation has been dissolved because the federal ID number was omitted on the original business report. Although the department claims they sent the form back for the federal ID number, no correspondence was received.

Kindly reinstate the corporation as quickly as possible as it is now beginning operations and it is experiencing difficulties with the banking institution.

If you have any questions, please contact the undersigned.

Thank you,


Lauren Lebowitz
Steven C. Klein, CPA, P.A.

encl.

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