

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC -6 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000090921

1. Corporation Name

Impact International Medical
Education Consultants, Inc.

2. Principal Office Address

7350 S.W. 69th COURT

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33143-4420

Country

USA

3. Mailing Office Address

7350 S.W. 69th COURT

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33143-4420

Country

USA

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

09-21-2000

5. FEI Number

65-1073030

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

ANDRES A. MEJIDES

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

7350 S.W. 69th COURT

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33143-4420

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

Andres A. Mejides

Date 12-03-02

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	ANDRES A. MEJIDES	7350 S.W. 69 th COURT	Miami, FL 33143-4420

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:

Andres A. Mejides

ANDRES A. MEJIDES

12-05-02

Date

305-284-9518

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)