

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000028362

1. Corporation Name

GLOBAL IMPACT TECHNOLOGIES, INC.

2. Principal Office Address - No P.O. Box #

409 GOVERNMENT AVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VALPARAISO, FL

City & State

Zip

32580-1024

Country

Zip

Country

7. Name and Address of Current Registered Agent

Name

JOSEPH F FORD

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

409 GOVERNMENT AVE

Suite, Apt. #, Etc.

City

VALPARAISO, FL

State

FL

Zip Code

32580-1024

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

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 D	JOSEPH F FORD	409 GOVERNMENT AVE	VALPARAISO, FL 32580-1024

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH F FORD

Date

4/12/07

Daytime Phone #

(850) 855-9922

FILED

07 APR 17 AM 8:38

CLERK OF STATE  
TALLAHASSEE, FLORIDA

300099247853  
04/30/07--01001--023 \*\*\$600.00

REINSTATEMENT 04-07

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
59-3702902

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7/4/20