

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 OCT 14 AM 11:31

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT 07



100023781221
 10/14/03--01018--020 **150.00

DOCUMENT # **P01000048316**

1. Corporation Name

MEGA IMPACT, INC.

Principal Place of Business

4358 SHADOW CREST PLACE
 ORLANDO FL 32811

Mailing Address

4358 SHADOW CREST PLACE
 ORLANDO FL 32811

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
5436 Split Pine Ct
 City & State
Orlando FL
 Zip
32819 Country
Orange

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
5436 split Pine Ct
 City & State
Orlando FL
 Zip
32819 Country
Orange

4. Date Incorporated or Qualified To Do Business in Florida

05/09/2001

5. FEI Number

59-3719873

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
PSD	BHUTTA, MEERA	4358 SHADOW CREST PLACE	ORLANDO FL 32811
VD	BHUTTA, HARESH	4358 SHADOW CREST PLACE	ORLANDO FL 32811

8. Name and Address of Current Registered Agent

BHUTTA, MEERA
 4358 SHADOW CREST PLACE
 ORLANDO FL 32811

9. Name and Address of New Registered Agent

Name
Meera Bhutta
 Street Address (P.O. Box Number is Not Acceptable)
5436 Split Pine Ct
 Suite, Apt. #, Etc.
Orlando FL 32819
 City
Orlando FL State
FL Zip Code
32819

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 **10/9/03**

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

10/9/03

Date Daytime Phone #

CR2E040 (7/03)

Division of Corporation
P O Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

Company Name: Mega Impact, Inc FEI 59-3719873

We never received the application for Annual report. Please accept the attached check for that period and wave this as one time error of that filing in time. As now we know the rule we will take care of things in future

Thank you,

Sincerely



Meera Bhutta

RECEIVED
DIVISION OF CORPORATION
TALLAHASSEE, FL 32314-6327