

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 APR 29 AM 10:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000060446

1. Corporation Name

IMPRO CORP

2. Principal Office Address

7941 NW 67 STREET

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33166

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06-18-2001

5. FEI Number

65-1120389

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

PEDRO M. GALLINAR

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

6701 SUNSET DR

Suite, Apt. #, Etc.

#100

City

MIAMI

State

FL

Zip Code

33143

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 **APRIL 24, 2003**

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
D	LOPEZ, ALBERTO	7941 NW 67 STREET	MIAMI, FL 33166

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:

*Pedro M. Gallinar*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23

Date

305-477-7970

Daytime Phone #

CR2E081 (10/02)

gt 4/20

# ***IMPRO CORP***

7941 NW 67<sup>TH</sup> St. MIAMI FL. 33166  
Ph: 305-477-7970 FAX: 305-599-1255

Florida Department of State  
Division of Corporations  
409 East Gains Street  
Tallahassee Florida 32399

April 24, 2003

Re: Document no. p01000060446  
For profit corporation reinstatement

Enclosed herewith please find the completed reinstatement form for a Florida Corporation together with the required fee of US 300.00

Annual report is being filed late due to the fact that the required form was never received from the Department of corporations.

Thank you beforehand for your kind attention to this matter.

Should you have any questions please feel free to contact the undersigned.

Yours truly,



Pedro M Gallinar.  
Registered agent

NOTE: WARRANTY COPY ATTACHED TO PROOF ADDRESS  
CHANGED.