
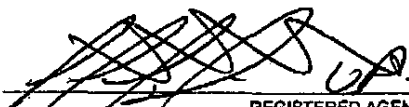
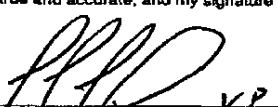


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS		FILED 04 JAN 23 AM 11:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P01000099378 1. Corporation Name IMPACT AUTO REPAIR CO.					
Principal Place of Business 12050 NE 14 AVENUE BUILDING 6 NORTH MIAMI FL 33161			Mailing Address 12050 NE 14 AVENUE BUILDING 6 NORTH MIAMI FL 33161		
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. City & State Zip Country		3. New Mailing Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 10/12/2001 5. FEI Number 65-0986920 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
1	2	3	4		
PD	LIBASCI, BARRON	2107 NE 123 STREET	MIAMI FL 33181		
V	INSIGNARES, DAVID	2107 NE 123 STREET	MIAMI FL 33181		
ST	GARCIA, RUBEN	2107 NE 123 STREET	MIAMI FL 33181		
8. Name and Address of Current Registered Agent INCORVIA, JOHN ESQ 655 NW 128 STREET MIAMI FL 33168			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL		
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  REGISTERED AGENT MUST SIGN			Date 1/8/2004		
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 118.07(3)(b), 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 1/8/2004 Daytime Phone #		

JAN-23-2004 08:28 FROM:

TO: 18502050384

P.2

Division of Corporations

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Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : JOHN INCORVIA
Account Number : I19990000040
Phone : (305) 681-7877
Fax Number : (305) 681-9167

CORPORATION REINSTATEMENT

IMPACT AUTO REPAIR CO.

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