

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
04 MAR 26 PM 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000003163

1. Corporation Name

IMPOLAMA INDUSTRIAL SUPPLY INC

2. Principal Office Address

3950 SAN SIMEON LANE

Suite, Apt. #, etc.

City & State

WESTON FL

Zip

33331

Country

3. Mailing Office Address

3950 SAN SIMEON LANE

Suite, Apt. #, etc.

City & State

WESTON FL

Zip

33331

Country

REINSTATEMENT 03-04
1/23/04 90016 039 150.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number
69-0011025

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

VICTOR GUTIERREZ

Street Address (P.O. Box Number is Not Acceptable)
3950 SAN SIMEON LANE

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33331

300031280113
03/26/04 01003 001 **10.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 03-23-04

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
PSD	BOTERO CLAUDIA	3950 SAN SIMEON LANE	WESTON, FL 33331

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2004-03-04

Date

9543491360

Daytime Phone #

CR2001 (01/04)