

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000026445

1. Corporation Name

IMPACT CONSTRUCTION GROUP CORP.

Principal Place of Business

10050 S.W. 12 STREET
MIAMI FL 33174

Mailing Address

10050 S.W. 12 STREET
MIAMI FL 33174

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/11/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

04-3616424

Not Applicable

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	SOLIS, ROBERT	10050 S.W. 12 STREET	MIAMI FL 33174
VD	VARGAS, SANDRA	10050 S.W. 12 STREET	MIAMI FL 33174

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SOLIS, ROBERT ST
125 S.W. 17 AVE.
MIAMI FL 33125

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

JAN-20-04

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:

ROBERT SOLIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

JAN-20-04

Daytime Phone #

JAN 20, 2004 :-

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TO WHOM IT MAY CONCERN :-

THIS IS TO CERTIFY THAT I HAVE NEVER
RECEIVED THE FORMS FOR 2002 AND 2003

~~IN ORDER TO REINSTATEMENT I AM~~

~~SENDING \$25000 (TWO YEARS).~~

THANK YOU.



ROBERT SOLIS

10050 SW 12 ST

MIAMI - FL 33174

TEL - 305-220-8612

IMPACT CONSTRUCTION GROUP. CORP.

~~(SAME ADDRESS)~~