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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 DEC 27 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000100750

1. Corporation Name
GROUPN IMPULSE INC.

7392 N.W. 35th. TERRACE
SAME

10-30-03 01053 002 #150.00
03-04

2. Principal Office Address	3. Mailing Office Address
7392 N.W. 35th. TERRACE	SAME
Suite, Apt. #, etc.: 310	Suite, Apt. #, etc.:
City & State: MIAMI, FL.	City & State:
Zip: 33122 / Country: U.S.A.	Zip: / Country:

4. Date Incorporated or Qualified To Do Business in Florida: 09/16/2002

5. FEI Number: 06-1649183 ☐ 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

REINSTATEMENT

Name: PEREZ, BENJAMIN

Street Address (P.O. Box Number is Not Acceptable): 7392 N.W. 35th. TERRACE

Suite, Apt. #, Etc.: 310

City: MIAMI, State: FL Zip Code: 33122

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 X _____ Date 12/08/04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
D	PEREZ, BENJAMIN	3732 N.E. 23 COURT	HOMESTEAD, FL. 33033

100043698891
12/29/04--01035--005 **150.00

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: X _____ 12/08/04 786-337-6962

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BB

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Group Impulse

7392 N.W. 35TH Terrace, Suite 310
Miami, Fl. 33122
Ph: (305) 786-337-6962
Fax: (305) 786-337-6960

December 06, 2004

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Att: Justin M. Shriver

Subject: Application for Reinstatement, Ref # P02000100750

Dear Mr. Shivers:

This letter is to inform you that the company Group Impulse Inc. sent by fax on 2003 the reinstatement form already signed as you requested on your letter sent to us on November 4, 2003.

Once we noticed that we have not received the reinstatement form for the current year 2004, we desired to call and investigate what happened. We got in contact with Mrs. Barbara Mitchell at the Division of Corporations Department, and she explained to us that the fax copies are not considered, you need original Papers signed, and because you did not received the original that cause a dissolved or inactive status of the company.

We apologize for the inconvenient. That will not happen again. Enclosed herein are the original 2003 reinstatement form, the reinstatement form for 2004, and a check for the amount of $150.00 as well.

We insist that you apologize us for the misunderstood.

Very truly yours,

Benjamin Perez
President