

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -8 AM 9:59

DOCUMENT # 802000107082

1. Corporation Name

IMPELSA, CORP.

REINSTATEMENT

04-06

2. Principal Office Address

9600 NW 25TH STREET

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

6-A

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip

33172

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

OCTOBER, 2, 2002

5. FEI Number

22-3876881

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

EDUARDO ACEVEDO

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

9600 NW 25TH STREET

Suite, Apt. #, Etc.

6-A

City

MIAMI, FLORIDA 33172

State

FL

Zip Code

33172

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 DECEMBER 6, 2006

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
P	EDUARDO ACEVEDO SANDOVAL	4 CALLE 1-15 ZONA 10	GUATEMALA C.A.
SEC	EDUARDO ACEVEDO RODRIGUEZ	4 CALLE 1-15 ZONA 10	GUATEMALA C.A.

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12/08/06--01024--006 **1050.00

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 contained in Chapter 119, 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

DECEMBER 6, 2006 305-597-7029

Date

Daytime Phone #