

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 -5 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P02000107205

1. Corporation Name

THE IMPECCABLE GROUP, INC.

Principal Place of Business

6898 SILVERADO TERRACE  
LAKE WORTH FL 33463

Mailing Address

6898 SILVERADO TERRACE  
LAKE WORTH FL 33463



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

REINSTATEMENT 03-04

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

10/03/2002

5. FEI Number

38-3681806

Applied For

Not Applicable

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
P	GAVILANES, VERONICA	6898 SILVERADO TERRACE	LAKE WORTH FL 33463
COO	GAVILANES, MARCO	6898 SILVERADO TERRACE	LAKE WORTH FL 33463

400025938724  
01/05/04 01051 022 \*\*900.00

8. Name and Address of Current Registered Agent

GAVILANES, VERONICA  
6898 SILVERADO TERRACE  
LAKE WORTH FL 33463

9. Name and Address of New Registered Agent

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

*Veronica Gavilanes*  
REGISTERED AGENT MUST SIGN

Date

12/29/03

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:

*Veronica Gavilanes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/29/03

Daytime Phone #

(561)439-2035

CR2E040 (7/03)