PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. Page 1 of 2

APPLICATION FOR [redacted]

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 NOV -3 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000030822

1. Corporation Name

LIBRERIA IMPACTO, INC.

Principal Place of Business	Mailing Address
7197 SW 8TH ST. MIAMI FL 33144	7197 SW 8TH ST. MIAMI FL 33144

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
7151-53 SW 8 ST	7151-53 SW 8 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33144 Country: USA	Zip: 33144 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 04/22/1994

5. FEI Number: 65-0486525 ☐ 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
PD	HERNANDEZ, HELI H	~~7197 SW 8TH ST.~~ 7151-53 SW 8 ST	MIAMI FL 33144
TSD	HERNANDEZ, MIRTA C	~~7197 SW 8TH ST.~~ 7151-53 SW 8 ST	MIAMI FL 33144

300003405633--3
-12/05/00--01013--021
****150.00 ****150.00

SD UBC

8. Name and Address of Current Registered Agent

HERNANDEZ, HELI H
~~7197 SW 8TH ST.~~
~~MIAMI FL 33144~~

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 7151-53 SW 8ST

Suite, Apt. #, Etc.

City: MIAMI, FL State: FL Zip Code: 33144

CR2E040 (8/00)

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.

Signature of Registered Agent: SIGNATURE REQUIRED Date: 10/17/00

REGISTERED AGENT MUST SIGN

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: SIGNATURE REQUIRED 10-17-00

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

0039910 AF

OCTOBER 31, 2000.

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA.

RE: ANNUAL REPORT DELINQUENCY
LIBRERIA IMPACTO, INC.
DOC#P94000030822

SIRS:

I AM ENCLOSING THE FILING FEES FOR THE ANNUAL REPORT ATTACHED, AND THROUGH THIS LETTER RESPECTFULLY REQUEST THE FORGIVENESS OF THE LATE FILING FEES.

THE DOCUMENT ADDRESS IS WRONG, AND THE NEW TENANT AT THAT ADDRESS DID NOT GIVE US THE ORIGINAL DOCUMENT.

NOW IS OTHER TENANT AND GIVE US THIS DOCUMENT.

IT WASN'T MY FAULT THIS PROBLEM, I SENDING A CHECK ATTACHED TO THIS DOCUMENT, THE DELINQUENCY FEE WOULD DRASTICALLY AFFECT MY BUSINESS FINANCE, AND I SINCERELY WOULD APPRECIATE YOUR CONSIDERATION TO THE UNIQUENESS OF MY PROBLEM.

CORDIALLY,

HELI H. HERNANDEZ
PRESIDENT