

APPLICATION
FOR

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

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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 331447197 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
Suite, Apt. #, etc.7151-53 SW 8 ST
Suite, Apt. #, etc.4. Date Incorporated or Qualified
To Do Business in Florida

04/22/1994

5. FEI Number

65-0486525

Applied For

Not Applicable

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Country

Zip

Country

33144

USA

33144

USA

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
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

3000003405633--3

12/05/00 01013 021

*****150.00 *****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

Name

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

7151-53 SW 8 ST

Suite, Apt. #, Etc.

City

State

Zip Code

MIAMI

FL

33144

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-17/00

Date

Daytime Phone #

Page 2 of 2

OCTOBER 31, 2000.

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA.

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

SIRS:

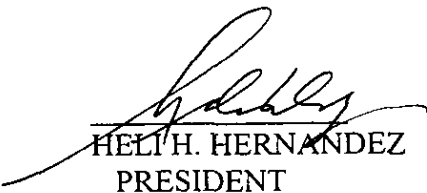
I AM ENCLOSING THE FILING FEES FOR THE ANNUAL REPORT ATTACHED,
AND THROUGH THIS LETTER RESPECTFULLY REQUEST THE FORGIVENESS
OF THE LATE FILING FEES.

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,



HELIO H. HERNANDEZ
PRESIDENT