

2006 AR

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED IN THE SECRETARY OF STATE DIVISION OF CORPORATIONS

06 JAN 23 AM 11:17

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **99400030822**

1. Corporation Name
LIBRERIA IMPACTO, INC.

2. Principal Office Address
7151-53 SW 8th STREET

3. Mailing Office Address
7151-53 SW 8th STREET

Suite, Apt. #, etc.
MIAMI, FL

City & State
MIAMI, FL

Zip
33144

Country
US

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

5. FEI Number
650486525

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
HERNANDEZ, HELI H.

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

Suite, Apt. #, Etc.
MIAMI

City
MIAMI

State
FL

Zip Code
33144

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
[Signature]

REGISTERED AGENT MUST SIGN Date **01/17/06**

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 |
|--------|-----------------------------------|--|--------------------|
| PD | HERNANDEZ, HELI H. | 7151-53 SW 8th STREET | MIAMI, FL 33144 |
| TSD | HERNANDEZ, MIRTA C. | 7151-53 SW 8th STREET | MIAMI, FL 33144 |
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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]* **HELI H. HERNANDEZ** Date **01/17/06** Phone # **305-2670522**

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