

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

07 AR

FILED
 97 OCT 27 PM 1:43
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P95000025420

1. Corporation Name
ALL IMPACT, INC.

Principal Place of Business
**2850 NW 5TH AVENUE
 MIAMI FL 33127**

Mailing Address
**2850 NW 5TH AVENUE
 MIAMI FL 33127**



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

2. New Principal Office Address, If Applicable 2739 W. 19th St. #15 Highland, FL 33016		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 03/30/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0570412	
City & State		City & State		Applied For Not Applicable	
Zip 33016		Country DAL		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	KIM, BYUNG H	9100 W. ATLANTIC BLVD. #8B 1010 Coral Ridge Dr #203	CORAL SPRINGS FL 33071 Coral Springs FL 33071
SVD	KIM, OK AE	9100 W ATLANTIC BLVD, SUITE 8B 1010 Coral Ridge Dr #203	CORAL SPRINGS FL Coral Springs FL 33071
			800002332398--5 -10/29/97--01054--016 ****585.00 ****585.00

8. Name and Address of Current Registered Agent KIM, BYUNG H 9100 W ATLANTIC BLVD SUITE 8B CORAL SPRINGS FL 33071		9. Name and Address of New Registered Agent Name Kim, Byung H. Street Address (P.O. Box Number is Not Acceptable) 1010 Coral Ridge Dr #203 Suite, Apt. #, Etc. City Coral Springs FL # State FL Zip Code 33071	
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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 Date **10-23-97**
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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)(l), 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: Date **10-23-97**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR20040 (8/97)