

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000044943

1. Corporation Name

IMPACT USA INC.

FILED
98 OCT 13 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

CLEARWATER
FLORIDA

Mailing Address

6160 ULMERTON RD.
SUITE 6
CLEARWATER
FL. 33760

REINSTATEMENT

96-98
AD

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

4. Date Incorporated or Qualified
To Do Business in Florida

July 12, 1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

1059-3319654

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 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
DIR	ROBERT SILVER	ONE BEACH DRIVE #2203	ST. PETERSBURG FL 33701
PRES	BARBARA RUMNEY	ONE BEACH DRIVE #2203	ST. PETERSBURG FL 33701
SEC			
TREAS			
DIR			

200002666072-8
-10/19/98-01002-019
***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name BARBARA RUMNEY Street Address (P.O. Box Number is Not Acceptable) ONE BEACH DRIVE #2203 Suite, Apt. #, Etc. ST. PETERSBURG City FL State Zip Code 33701
--

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

Barbara Rumney
REGISTERED AGENT MUST SIGN

Date 10-1-98

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)(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 (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

10-1-98 (227) 533-8100
Date Daytime Phone #