

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

00 JUN 21 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000063470**

1. Corporation Name
IMPACT PROTECTION, INC.

Principal Place of Business Mailing Address
P O BOX 1880 P O BOX 1880
KEY LARGO FL 33037 KEY LARGO FL 33037



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

2. New Principal Office Address, If Applicable 46 Jean Lafitte Drive		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 07/26/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-1015954	
City & State Key Largo, Florida		City & State		Applied For Not Applicable	
Zip 33037	Country U.S.A.	Zip	Country	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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	CASKILL, ALBERT I	103100 OVERSEAS HWY STE 43	KEY LARGO FL 33037
D	CASKILL, ALBERT I.	46 Jean Lafitte Drive	Key Largo Fl. 33037

REINSTATEMENT 97-00 TS

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*****1250.00 ***1250.00**

8. Name and Address of Current Registered Agent CASKILL, ALBERT I 103100 OVERSEAS HWY STE 43 LARGO FL 33037		9. Name and Address of New Registered Agent Name CASKILL, ALBERT I. Street Address (P.O. Box Number is Not Acceptable) 46 Jean Lafitte Drive Suite, Apt. #, Etc. City KEY LARGO State FL Zip Code 33037	
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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 *Albert I. Caskill* **SIGNATURE REQUIRED** Date June 20, 2000
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)(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: *Albert I. Caskill* **SIGNATURE REQUIRED** June 20, 2000 (305) 4513028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
ALBERT I. CASKILL

CR2E040 (8/97)

