PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FLORIDA DEPARTMENT OF STATE

APPLICATION FOR REINSTATEMENT



Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT# P	96000063470
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1. Corporation Name

SIGNATURE:

ALBERT I. CASKILL

IMPACT PROTECTION, INC.

Principal Place of Business

Mailing Address



00 JUN 21 AM 10: 19

SECRETARY OF STATE TALLAHASSEE, FLORIDA

P O BOX 1 KEY LARGO		80 FL 33037					
	ddresses are incorrect in any way, line ncipal Office Address, If Applicable in Lafitte Drive		nformation and enter o		Date Incorp.	orated or Qualified	
			etc		To Do Business in Florida 07/26/1996		
Suite, Apt. #, etc. Suite, Apt. #,					5. FEI Number Applied		
1.7		City & State)		65-10	Not Applicable	
Key Largo, Florida Zip Country Zip		Zip	Country		6. CERTIFICATE OF STATUS DESIRED 6 58.75 Additional Fee require for a Certificate of Status		
33037 7 Names a	and Street Addresses of Each Officer at	nd/or Director (Flo	rida nonprofit corpora	tions must list at lea	ast 3 directors)		
Title(s)	Name of Officers and/or Directors	11.0.	Stre	eet Address of Each icer and/or Director se Post Office Box N	1	4	City / State / Zip
D	CASKILL, ALBERT I	103100-QVERSEAS, HWX :STE :42			KEY LARGO FL 33037		
Ď	CASKILL, ALBERT I.	46 Jean Lafitte Drive			Key Largo Fl. 33037		
2				insta		97-0)U TS
,			į			00033: -07/06/00	D01863020
	8. Name and Address of Curre	nt Registered Age	ent -		9. Name and	Address of New Fiegra	.00d Age##1250.00
10310	ILL, ALBERT 0 OVERSEAS HWY STE 43 0 FL 33037		Name CASKILL, ALBERT I. Street Address (P.O. Box Number is Not Acceptable) 46 Jean Lafitte Drive Suite, Apt. #, Etc.				
10. I, being Signature o Registered		les /	CASON, Am samiliar wi	City th and accept the of	ARGO bligations of Secti	ion 607.0505, F.S. Date June 2	State Zip Code FL 33037
	is corporation owes or angible Personal Prope			ar Yes 🔲	No X		ther side for information on intangible tax.)
this rein owed by	that I am an officer or director or the re statement application, the reason for di y the corporation have been paid and the application is true and acceptate, and my	ssolution has been ne names of in <u>divi</u> c	eliminated, the corpo luals listed on this for	orate name satisfies m do not qualify for	the requirements an exemption un	of section 607.0401 of	r 617,0401, F.S., that all fees

	PLEASE	READ A	<u>LL INSTRU</u>	CTION	<u>S BEFORE C</u>	OMPLETING T	HIS FORM	
APPL	ICATION 4		LORIDA DEI	PARTME	NT OF STATE		THEED	į
FOR		Sandra B. Mortham		00 JUN 21 AMII: 46				
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			DIVISIO	OF CORP	DRATIONS	るなな民代は	HRY OF ST VSSEE, FLO	ATE.
DOCUM	IENT # F9300000	00214				18 CEHIN	403EE, FEB	RIDA
1. Corporation	emañ no					Ì		ľ
COL.MET.	. INC.					İ		{
Principal Plac			Maikr	g Address				
9507 N. Tra			Same	ig muu taa				
Tampa, FL			<u> </u>			İ		
-								
If above addr 2. New Princip	resses are incorrect in any pail Office Address, If A	way iina throu Applicable	th incorrect informat 3. New Mailing			4. Date Incorporated of To Do Business in F	OT WRITE IN THIS or Qualified	
			8.00 4.00 4.00			To Do Business in F	Florida 01.	19-1993
Suite, Apt. #,	etc.		Suite, Apt. #, et	tc.		5. FEI Number		Applied For
City & State			-Chy & State			59-3162190		Not Applicable
Zip	Country		Zip		Country	6.		7. 294.
-ih	Country		c.to		Godinary	CERTIFICATE OF STATUS	S DESIREO [
7. Names and				Florida non		ust list at least 3 Direct	ors)	
Title(s)		ame of Office nd/or Directo			Street Address Officer and/or I NOT Use Post Officer	of Each Director	CIII	ty/State/Zip
1	2			3 (Do	NOT Use Post Offic	e Box Numbers)	4	
15 /O #B				0505 \	mont division		75 EI	22624
P/S/T	A. Anantharaman		····	950/ N.	Trask Street		Tampa, FL	33024
VP	Ravi T. Na	ravana	ın	9507	N. Trask	Street	Tampa,	FL 33624
(1		
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		р ~.	No. of the state o	78° 13.18	CAIT OC			
		1. 200	Al College	T W	ENT 99.	-00		
	8. Name and Addr	ess of Curre	nt Registered Ag	ent		9. Name and Addr	ess of New Regi	stered Agent
Ravi T. Nara	ayanan			Transa-	Name_	/	•	ble)
9507 N. Tra:	sk Street		واحداد المست		Street Add	dress (P.O. Box Numbe	r is Not Accepte	ble)
Tampa, FL 33624			<u> </u>		· · · · · · · · · · · · · · · · · · ·			
					Suite, Ap	ot. #, Etc.		
	,				City	<u></u>	State	Zip Code
10 L being as	anninted the registered	acent of the	above named or	Provention	am familias with and	accept the obligations	of Section 607 0	FOR E S
	•		abeve named co	or por autori,	ani lanissa wichang	doept the opligations	6.16.	.
Signature of Registered Ag	gent Zxxx		EGISTERED AGE	AITAUIOT	PIGN	Date	6.10.	VB
	(<u>/</u>							
	es this corporati						(See other side fo	or information
De	pt. of Revenue i	unuer 5.	133.UJZ, FIO	iiua Sia	lules. Yesiza	No L	on intendib	le tax.)
12. I do hereby c	certify that the information	supplied with t	nis (lilng is voluntari)	y fumished a	nd does not qualify for t	he exemption stated in Sec	tion 119,07(3) (k). I	Florida Statutes, I re-
lease the Div	rision of Corporations from	any liability of	non-compliance wit	h Section 11	9.07(3)(k) in the event ti	net the information supplied led for in chapter 607 or 61	I is deemed exempt	from public access.i
this reinstata	ment application the reaso	on for dissolutio	n has been eliminal	ted, the corpo	prate name satisfies the	requirements of section 60	7.0401 or 617.040	1, F.S., and that ell
under cath.	THE CHIPOTECON NEVE COS	m penda. INSIMI	ormanou indicated (л чи з врр ио	auon is uua and accurat	e, and my signature shall h	-	Į.
SIGNATURE:	Schrift	W/		<u></u>		6.16.0	P 2139	61-1341
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