PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
99 JUN 10 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1 Corporation Name

Impala Homes Inc.

Mailing Address	Principal Place of Business
P.O.Box # 160553 Altamonte Springs FL. 32716-0553	1242 Las Cruces Dr. Winter Springs FL. 32708

If above addresses are incorrect in any way, line through incorrect information and write correct on below.

REINSTATEMENT 97-990 6/10/99
DO NOT WRITE IN THIS SPACE

2 New Mailing Address, if Applicable	3 New Principal Office Address, if Applicable	4 Date Incorporated or Qualified To Do Business in Florida
SAME	1881 So.Hwy17-92	9-24-1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5 FEI Number: 59-3404506 (Applied For / Not Applicable)
City & State	City & State: Longwood FL.	
Zip / Country	Zip: 32750 / Country: Seminole	6 CERTIFICATE OF STATUS DESIRED XX $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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P.	Quint A. Lang	354 Ingelnook Cir.	Winter Springs FL.32708
V	Terry E. Lang	354 Ingelnook Cir.	Winter Springs FL.32708
			400002907604--5 -06/17/98--01055--015 ***1050.00 ***1050.00
			400002907604--5 -06/17/98--01055--016 ******8.75 ******8.75

8 Name and Address of Current Registered Agent	9 Name and Address of New Registered Agent
Quint A. Lang 354 Ingelnook Cir. Winter Springs FL.32708	Name: Terry E. Lang Street Address (P.O. Box Number is Not Acceptable): 354 Ingelnook Cir. Suite, Apt. #, Etc. City: Winter Springs / State: FL / Zip Code: 32708

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: Terry E. Lang (REGISTERED AGENT MUST SIGN) Date: 6-10-99

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12 Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☑ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I realize the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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. and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate and my signature shall have the same legal effect as if made under oath.

407

SIGNATURE: Terry E. Lang Terry E. Lang 6-10-99 415-2064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #