

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 NOV -4 PM 3: 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000103589

1. Corporation Name
Impact Collision, Inc.

2301 S.W. 57th Terrace
Same

2. Principal Office Address
2301 S.W. 57th Terrace

Suite, Apt. #, etc.

City & State
Hollywood, Florida

Zip Country
33023 USA

3. Mailing Office Address
Same

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-0720411

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Cladeus Taffe

Street Address (P.O. Box Number is Not Acceptable)
9400 S.W. 6th Court

Suite, Apt. #, Etc.

City
Pembroke Pines

State Zip Code
FL 33025

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date 11/01/2004

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Cladeus Taffe	9400 S.W. 6th Court	Pembroke Pines, FL. 33025

10. 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]

PRESIDENT

11/01/2004

(954) 989-6058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20081 (01/04)

Impact Collision, Inc.,
2301 S.W. 57th Terrace,
Hollywood, FL. 33023,
November 1st, 2004

Department of State,
Division of Corporations,
P.O. Box 6327,
Tallahassee FL. 32314

To whom it may concern,

We are requesting that Impact Collision, Inc. with identification number P96000103589, reinstatement fee be waived, since the prior UBR notices were not received.

Thanking you in advance.

Yours truly,

A handwritten signature in black ink, appearing to read 'Cladeus Taffe', written in a cursive style.

Cladeus Taffe (President)