

1072

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB -9 AM 10: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000009375

1. Corporation Name

IMPALA INTERNATIONAL, CORP

2. Principal Office Address - No P.O. Box #

7220 NW 36th St

Suite, Apt. #, etc.

301

City & State

Miami

Zip

33166

Country

USA

3. Mailing Office Address

7220 NW 36th St

Suite, Apt. #, etc.

301

City & State

Miami

Zip

33166

Country

USA

REINSTATEMENT

04-09

Wop

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
650892963

☐ 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

AGUIA, ERY

Street Address (P.O. Box Number is Not Acceptable)

7220 NW 36th St

Suite, Apt. #, Etc.

301

City

MIAMI

State

FL

Zip Code

33166

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

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
D	AGUIA, ERY	7220 NW 36th St	MIAMI FLORIDA 33166
D	AGUIA, ALBERTO	7220 NW 36th St	MIAMI FLORIDA 33166
			100143509031 02/12/09--01040--007 **900.00

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 contained in Chapter 119, 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

01/28/09

Date

305-860 0901

Daytime Phone #

2052

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

January 28, 2009

RE: IMPALA INTERNATIONAL, CORP REINSTATEMENT

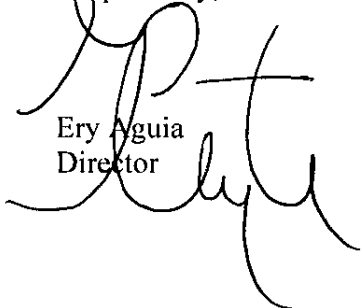
Document Number P99000009375
FEI Number 650892963
Date Filed 01/29/1999

Dear Sir or Madam:

This letter is being submitted together with reinstatement of our company IMPALA "INTERNATIONAL, CORP. At this moment we are kindly requesting the reinstatement fee to be waived, due to the fact that our company did not received the annual report notices in the year (2004) of dissolution/revocation.

Thank you in advance for your attention to this matter.

Respectfully,


Ery Aguia
Director