

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000079247

**1. Corporation Name**

IMPACT GLASS INC

**2. Principal Office Address**

812 NW 34 AVE

Suite, Apt. #, etc.

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

MIAMI

City & State

Zip

FL

Country

33125

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

09/01/1999

**5. FEI Number**

65-09587900

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

ALBERTO J DIAZ

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

3422 SW 8 ST

Suite, Apt. #, Etc.

City

MIAMI

100031700801  
04/02/04--01002--017 \*\*750.00

100031700801  
04/13/04--01003--028 \*\*150.00  
FL 33125

**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 03/22/04

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	RAMON SIMON	11398 W FLAGLER ST, STE 106	MIAMI, FL 33174

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/03

Date

305-491-7813

Daytime Phone #

FILED  
04 APR 19 PM 2:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

CR2E081 (10/02)