

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 JAN -2 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 990000 95025

1. Corporation Name

IMPACT ENTERTAINMENT, INC.

200004785632--1

-01/22/02--01027--002

****300.00 ****900.00

2. Principal Office Address

315 ALMERIA ROAD

Suite, Apt. #, etc.

225

City & State

WEST PALM BEACH, FL.

Zip

33405

Country

USA

3. Mailing Office Address

P.O. BOX 222 343

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL.

Zip

33022

Country

USA

REINSTATEMENT

00701

4. Date Incorporated or Qualified
To Do Business in Florida

OCT, 28, 1999

5. FEI Number

65-1031991

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

KENNETH J. BROOKES, SR.

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

315 ALMERIA ROAD

Suite, Apt. #, Etc.

225

City

WEST PALM BEACH

State

FL

Zip Code

33405

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

Kenneth J. Brookes, Sr.
REGISTERED AGENT MUST SIGN

Date 12-27-01

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
PD	KENNETH J. BROOKES, SR.	315 ALMERIA ROAD, # 225	WEST PALM BEACH, FL. 33405
S/V/D	KENNETH J. BROOKES, JR.	315 ALMERIA ROAD, # 225	WEST PALM BEACH, FL. 33405

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:

Kenneth J. Brookes, Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-27-01

Date

954 923 586

Daytime Phone #

CR2081 (9/01)