


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 FEB 19 PM 3:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V44641		
1. Entity Name IMPACT AIRSPARES, INC.		

Principal Place of Business 12806 SW 122 AVE MIAMI, FL 33186 US	Mailing Address 12806 SW 122 AVE MIAMI, FL 33186 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 12764 S.W. 136th
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Miami Florida
Zip	Zip 33186
Country	Country USA



5. Name and Address of Current Registered Agent  MARIETTA OLMOS 12806 SW 122 AVE MIAMI, FL 33186	
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4. FEI Number 65-0341456	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name: Marietta Olmos Street Address (P.O. Box Number is Not Acceptable): 12764 S.W. 136 Terr. City: Miami FL Zip Code: 33186	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: <i>Marietta Olmos</i>	DATE: 2-13-07

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP OLMOS, <del>OLMOS</del> Marietta, S. 12806 SW 122 AVE. MIAMI, FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500088984265 02/22/07--01008--010 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500088984265 02/22/07--01008--011 **150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Marietta Olmos</i>	DATE: 2-12-07

B. Mitchell FEB 19 2007