


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 NOV 19 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F05000000583 1. Entity Name IMPRESSIVE ART, INC.	
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Principal Place of Business 5901 OAK STREET STONY RIDGE, OH 43463-0357	Mailing Address 5901 OAK STREET STONY RIDGE, OH 43463-0357
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2. Principal Place of Business - No P.O. Box # 201 N. Riverside Dr. Suite, Apt. #, etc. #601	3. Mailing Address P.O. Box 357 Suite, Apt. #, etc.
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City & State Pompano Beach, FL Zip 33062	City & State Stony Ridge, OH Zip 43463-0357
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REINSTATEMENT 07
 09242007 REIN-P CR2E098 (1/07)

4. FEI Number 34-1428784	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROMBKOWSKI, DAVID L 201 N. RIVERSIDE DR. #601 POMPANO BEACH, FL 33062	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

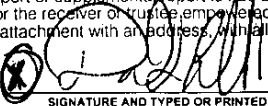
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$750.00
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTV <input type="checkbox"/> Delete ROMBKOWSKI, DAVID 201 N. RIVERSIDE DR. #601 POMPANO BEACH, FL 33062	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900112433199 11/15/07 01065 003 11750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete ROMBKOWSKI, LISA M 201 N. RIVERSIDE DR. #601 POMPANO BEACH, FL 33062	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	<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

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:  **DAVID L. ROMBKOWSKI** Date: **11-15-07** Daytime Phone #: **954-945-2812**