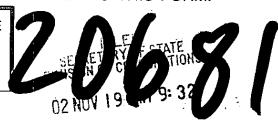
## PPLIC

ORIDA



DOCUMENT #

L01000020681

Name and Mailing Address

## REINSTATEMENT ZOUZ

0010267 01 FP 0.352 \*\*PRSRT H7 0 0615 33909-300361 

FINAL IMPRESSIONS LLC 17161 PLEASURE ROAD CAPE CORAL FL 33909-3003



US 2. New Mailing Address 4. State/Country of Formation FL City, State, Zip 5. Date Organized or Qualified To Do Business in Florida 11/30/2001 Principal Place of Business New Principal Place of Business Address FEI Number Applied For 17161 PLEASURE ROAD CAPE CORAL FL 33909 City, State, Zip \$5.00 Additional Fee required US CERTIFICATE OF STATUS DESIRED [ 8. Name and Address of Current Registered Agent Name and Address of New Registered Agent GIACCHINO, KELLY (trewly married) 17161 PLEASURE ROAD CAPE CORAL FL 33909 Zip Code 33909 10. I, being appointed the registere e named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. Names and Street Addresses of Each Managing Member/Manager Name of Managing Street Address of Each Title(s) Managing Member/Manager City / State / Zip 17141 Pleasure Rd. 33909 <del>- 900000908369</del>9 11/19/02--01068--004 \*\*19 NSTATEMENT 12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect

Managing Member/Manager

Typed or printed name of signing Man

NIGHLIA

Date 11-14-2002 Daytime Phone # 239 573-8437