

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

LO 10 000 20681

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1. DOCUMENT # L01000020681

Name and Mailing Address

REINSTATEMENT 2002

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 City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 17161 PLEASURE ROAD CAPE CORAL FL 33909 US		5. Date Organized or Qualified To Do Business in Florida 11/30/2001	
3. New Principal Place of Business Address Same City, State, Zip		6. FEI Number 52-2362414 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent GIACCHINO, KELLY 17161 PLEASURE ROAD CAPE CORAL FL 33909 (newly married)		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name: Kelly O'Loughlin Street Address (P.O. Box Number is Not Acceptable): 17161 Pleasure Road City: Cape Coral FL Zip Code: 33909			
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent: Kelly O'Loughlin REGISTERED AGENT MUST SIGN Date: 11-14-2002			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
President	Kelly O'Loughlin	17161 Pleasure Rd.	Cape Coral, FL 33909
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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 as if made under oath.

Signature of Managing Member/Manager: Kelly O'Loughlin
Date: 11-14-2002 Daytime Phone #: 239 573-8437

Typed or printed name of signing Managing Member/Manager: KELLY O'LOUGHLIN