

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000008223

Entity Name: HEALTY IMPRESSIONS, LLC

FILED
Oct 12, 2005
Secretary of State

Current Principal Place of Business:

C/O WELZIEN & COMPANY, CPA'S, PA
600 WEST HILLSBORO BLVD., STE. 510
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

HEALTHY IMPRESSIONS
26841 CLARKSTON DR, STE 13101
BONITA SPRINGS, FL 34135

Current Mailing Address:

C/O WELZIEN & COMPANY, CPA'S, PA
600 WEST HILLSBORO BLVD., STE. 510
DEERFIELD BEACH, FL 33441

New Mailing Address:

HEALTHY IMPRESSIONS
26841 CLARKSTON DR, STE 13101
BONITA SPRINGS, FL 34135

FEI Number: 02-0651704 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WELZIEN, JAMES S CPA
600 WEST HILLSBORO BLVD., STE. 510
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

KENNETH, ROBERT L CEO
26841 CLARKSTON DR
STE 13101
BONITA SPRINGS, FL 34135 US

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.

SIGNATURE: ROBERT L KENNETH

10/12/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: KENNETH, ROBERT L
Address: 6412 VIA ROSA
City-St-Zip: BOCA RATON, FL 33433

Title: S () Delete
Name: PAYERLI, PETER L
Address: 6412 VIA ROSA
City-St-Zip: BOCA RATON, FL 33433

Title: T (X) Delete
Name: REYNOLDS, BEVERLY
Address: 6412 VIA ROSA
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: KENNETH, ROBERT L
Address: 26841 CLARKSTON DR, STE 13101
City-St-Zip: BONITA SPRINGS, FL 34135

Title: T (X) Change () Addition
Name: KENNETH, JOAN E
Address: 26841 CLARKSTON DR, STE 13101
City-St-Zip: BONITA SPRINGS, FL 34135

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ROBERT L KENNETH

P

10/12/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date