

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 2007 MAY 10 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # L05000063728

1. Limited Liability Company's Name
Lasting Impressions LLC

2. Principal Office Address - No P.O. Box #
954 Pine Island RD

3. Mailing Office Address
954 Pine Island RD

State, Apt. #, etc.
E

City & State
Cape Coral

Zip
33909 Country
US

CRZE041 (1/07)

4. State/Country of Formation
FL/USA

5. Date Organized or Qualified To Do Business in Florida
06/28/2005

6. FE Number
20-3213232 Applied For
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Add'l. Fee is required for a certificate of status.

8. Name and Address of Current Registered Agent

Name
David Cary

Street Address (P.O. Box Number is Not acceptable)
1325 Del Prado BLVD South

State, Apt. #, Etc.
C

City
Cape Coral State
FL Zip Code
33990

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. 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 Date **4/30/07**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Kelly O'Loughlin	17161 Pleasure rd	Cape Coral FL 33909

05/18/07--01007--025 *\$150.00

REINSTATEMENT 06-07

11. 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 terminated, 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 Date **05/01/07** Daytime Phone # **239-573-8437**

Typed or printed name of signing Managing Member/Manager **Kelly O'loughlin**