PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1012 FLORIDA DEPARTMENT OF STATE **APPLICATION** FIFT FOR 96 DEC 24 MAII: 21 DOCUMENT # L 14595 SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name Baby's First Impression, Inc. Principal Place of Business Mailing Address 9471 Baymeadows Road, Suite 101 Jacksonville, Florida 32256 If above addresses are incorrect in any way, line through incorrect information and enter correction below. DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified
To Do Business in Florida
4 / 6 / 9 0 2. New Principal Office Address, If Applicable 3. New Mailing Address, If Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 59-3004566 City & State City & State Not Applicable S8.75 Additional Fee required for a Certificate of Status Zip Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Title(s) Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip 9471 Baymeadows Road D/P/S/T Joseph G. Chiafair Suite 101 Jacksonville, FL 32256 200002037352--6 -10/22/96--70094--063 *****50.00 ****50.00 200002037352---6 -12/24/96--01134--001 ****150,00 ****150.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Kathleen Holbrook Cold Street Address (P.O. Box Number is Not Acceptable) CR2E040 Suite 2301 One Independent Drive Suite, Apt. #, Etc. Jacksonville, Florida 32202 State | Zip Code City 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the Yes X No 🗌 (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. 12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all less owed by the corporation 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. Joseph G. Chicary 12/17/96 904 739/38/

SIGNATURE:

12/17/96

Dept of State Division of Corporations P.O. Box 6327 Tallahassee, FI 32314

re: Baby's First Impression Inc Document#L64595

Dear Sirs:

Please be advised that I never received my annual report notice to renew my corporate status. I became aware of the fact when I received letter # 496A00051155 to renew a fictitious name. I then requested the forms for renewal twice and finnally received the form. I am enclosing the completed form. Due to these facts, please hold in obeyance the reinstatement fee.

I do not wish to renew the fictitious name "ASSOCIATION OF DENTAL REFERRALS". I wish for you to apply the \$50.00 fee you received for this to be applied to the annual report fee. That leaves a balance of \$11.25 plus the corporate supplemental fee of \$138.75 = \$150.00. Enclosed is a check for that amount.

Thank you for your assistance.

Sincerely,

Joseph G. Chiafair President

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