

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

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11/19/03--01020--026 ##150.00

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P00000022892</u>					
1. Corporation Name <u>Driving Impressions, Inc.</u>					
2. Principal Office Address <u>1747 Independence Blvd.</u>			3. Mailing Office Address <u>1747 Independence Blvd</u>		
Suite, Apt. #, etc. <u>Unit E-12</u>			Suite, Apt. #, etc. <u>Unit E-12</u>		
City & State <u>Sarasota, FL</u>			City & State <u>Sarasota, FL</u>		
Zip <u>34234</u>	Country <u>USA</u>	Zip <u>34234</u>	Country <u>USA</u>	4. Date Incorporated or Qualified To Do Business in Florida <u>02/28/2000</u>	
5. FEI Number <u>651000472</u>				Applied For <u>Not Applicable</u>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$2.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name	<u>Frank Honackie</u>
Street Address (P.O. Box Number is Not Acceptable)	<u>1747 Independence Blvd</u>
Suite, Apt. # Etc.	<u>Unit E-12</u>
City	<u>Sarasota</u>
State	<u>FL</u>
Zip Code	<u>34234</u>

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0535 or 617.0503, F.S.

Signature of Registered Agent: Frank W. Honackie Date: 11/17/03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Frank Honackie	1747 Independence Blvd, Unit E-12	Sarasota, FL 34234

10. I certify that I am an officer or director of the entity in regard to which I am empowered to execute this application as authorized for in chapter 609, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has not been reinstated, the corporate name satisfies the requirements of sections 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an extension under section 119.07(3)(b), F.S. 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: Frank Honackie Frank Honackie 11/17/03 941-558-9177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone#

CORP-03 (10/00)

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November 14, 2003

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

I recently applied for new garage liability insurance, and when my insurance agent pulled up the information regarding my business of Driving Impressions Inc. he stated that it showed that my business is not listed as a corporation at this time, that it was dissolved.

I recently called and spoke to a person in your department to discuss the fact that I did not receive a statement or request from your department for payment of the corporation statement fee for this year.

I was told by the person that was assisting me, to fill out a copy of the corporation reinstatement form from the internet and include payment of \$150.00, with a letter explaining what had happened.

I would appreciate your assistance in correcting this matter, as I would like the completed paperwork and reinstatement of the corporation I have had.

Thank you,

Frank W. Honackie