PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P0100001467

1. Corporation Name

HIS EXPRESSIONS, INC.

Principal Place of Business

4392 POPP¥TREE LANE JACKSONVILLE FL 32258

SIGNATURE:

Mailing Address

4392 POPP TREE LANE JACKSONVILLE FL 32258 FILED

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TALLAHASSEE, FLORIDA



If above addresses are incorrect in any way, line through incorrect in	information and enter correction below		
2. New Principal Office Address, If Applicable 4392 Poppy Tree Lane 4392 Poppy Tree Lane Suite, Apt. #, etc. 3. New Mailing Office Address, If Applicable 4392 Poppy Tree Lane Suite, Apt. #, etc.		Date Incorporated or Qualified To Do Business in Florida 01/01/2001	
City & State City & State	Sonville, PL	5. FEI Number — 59-368809	Applied For Not Applicable
32258 Country DWAI Zip 333	58 Country DUJA	CERTIFICATE OF STATUS DESIRED S	8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Flo	orida nonprofit corporations must list at le	east 3 directors)	
Title(s) Name of Officers and/or Directors	Street Address of Eac Officer and/or Directo	ch _	State / Zip
President James Preston		Lane Jacksonville	, FL 32158
President Dawn Preston	4392 Poppy Tree	Lane Jacksonville	
		7000086667 10/29/0201072001	'€7 **150.00
	Ring		
8. Name and Address of Current Registered Agent		Name and Address of New Registered Agent	
GURTIS, C. WILLIAM III ESQ DAWN M. Pr 2004 UNIVERSITY BLYD WEST 4392 POPPY JACKSONVILLE FL 322-17- Jacksonville		N. M. Preston P.O. Box Number is Not Acceptable) Poppy Tree Lane	e Zip Code
10. I, being appointed the registered agent of the above named corpor Signature of Registered Agent REGISTERED AGE	~REQUIRED	bligations of Section 607.0505, F.S. or 617.050 Date $\frac{10/25}{2}$	
11. I certify that I am an officer or director or the receiver or trustee empthis reinstatement application, the reason for dissolution has been enowed by the corporation have been paid and the names of individuon this application is true and accurate, and my signature shall have	als listed on this form do not qualify for	the requirements of section 607.0401 or 617.0	

10/25/02

James Preston 4392 Poppy Tree Lane Jacksonville, FL 32258

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

To whom it may concern:

January 1, 2001, I started my company, His Expressions, Inc. I was given an EIN 59-3688089, but never used the business as a corporation. I turned around and changed everything to do business as a sole proprietor: 263-77-5884. All of the mailings that had to do with Inc, were mailed to the attorney that handled the Incorporation and disregarded.

When I received this application, I was stunned to see all the penalties. I am asking you to waive the penalty of 600.00, and I will start the process to conduct business as His Expression, Inc.

I have changed a lot of things in the application. First, the business address was spelled incorrectly. The correct address is Poppy Tree Lane, not Poppt Tree Lane. I also changed the registered agent. We do not have a business relationship with him any longer.

If there is anything else I need to do, please contact me. I apologize for any inconvenience. Thank you for considering reinstating His Expressions, Inc.

James E. Preston Jr. His Expressions, Inc.

C) Li Zinpro.