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APPLICATION FOR



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 NOV -1 PM 12:39

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



05/28/02 91653 048 150

DOCUMENT # P01000084230

1. Corporation Name
FIRST IMPRESSION HAIR AND NAIL COMPANY

Principal Place of Business 1305 HOMESTEAD ROAD SUITE 106-G LEHIGH ACRES FL 33936	Mailing Address 900 JUNO DRIVE LEHIGH ACRES FL 33936
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida 08/20/2001
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 65-113102-7
City & State	City & State	Applied For Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
President	Margaret L. Eaton	900 Juno Drive	Lehigh Acres, FL 33936
Member	Margaret L. Eaton	900 Juno Drive	Lehigh Acres, FL 33936
Secretary	Margaret L. Eaton	900 Juno Drive	Lehigh Acres, FL 33936

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EATON, MARGARET L.
 900 JUNO DRIVE
 LEHIGH ACRES FL 33936

Name	State	Zip Code
Street Address (P.O. Box Number is Not Acceptable)	FL	
Suite, Apt. #, Etc.		
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. or 617.0505, F.S.

Signature of Registered Agent

Margaret L. Eaton
 REGISTERED AGENT MUST SIGN

Date

10/28/02

11. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

Margaret L. Eaton
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/28/02

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October 28, 2002

First Impression Hair and Nail Co.
Margaret L. Eaton
900 Juno Drive
Lehigh Acres, Fl. 33936

Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314-6327

To Whom It May Concern:

I mailed a corrected copy of my company's UBR in June. When I got this notice I called your office and the person I spoke to said that my form was never received.

Please find a copy of the corrected form. I have also filled out the 'reinstate' form just in case it is needed.

I hope this is resolved properly. If there is any problem or question, please call me. home, 239-369-8339, salon, 239-303-9900, or cell phone, 239-940-8992.

Sincerely yours,



Margaret L. Eaton
President
First Impression Hair and Nail Co.