

**2004 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 18, 2004  
Secretary of State**

DOCUMENT# P01000084230

Entity Name: FIRST IMPRESSION HAIR AND NAIL COMPANY

**Current Principal Place of Business:**

1305 HOMESTEAD ROAD  
SUITE 106-G  
LEHIGH ACRES, FL 33936

**New Principal Place of Business:**

**Current Mailing Address:**

900 JUNO DRIVE  
LEHIGH ACRES, FL 33936

**New Mailing Address:**

FEI Number: 65-1131027      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: EASTON, MARGARET L  
Address: 900 JUNO DRIVE  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: T ( ) Delete  
Name: EASTON, MARGARET L  
Address: 900 JUNO DRIVE  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: S ( ) Delete  
Name: EASTON, MARGARET L  
Address: 900 JUNO DRIVE  
City-St-Zip: LEHIGH ACRES, FL 33936

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: EATON, MARGARET L  
Address: 900 JUNO DRIVE  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: T (X) Change ( ) Addition  
Name: EATON, MARGARET L  
Address: 900 JUNO DRIVE  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: S (X) Change ( ) Addition  
Name: EATON, MARGARET L  
Address: 900 JUNO DRIVE  
City-St-Zip: LEHIGH ACRES, FL 33936

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET L. EATON

PRES

10/18/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date