


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P02000004074**

1. Corporation Name

YOUR SPRESSIONS, INC.

Principal Place of Business

Mailing Address

1260 BELLE AVE., STE. 205
WINTER SPRINGS FL 32708

1260 BELLE AVE., STE. 205
WINTER SPRINGS FL 32708

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/14/2002

5. FEI Number

Applied For

Not Applicable

6. ☐ CERTIFICATE OF STATUS DESIRED

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	MEDLOCK, JAMES L	1260 BELLE AVE., STE. 205	WINTER SPRINGS FL 32708

900025940849
01/02/04--01056--013 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 S.W. 22 ST., 4TH FLOOR
MIAMI FL 33145

Name

JAMES L. MEDLOCK

Street Address (P.O. Box Number is Not Acceptable)

1260 BELLE AVENUE

Suite, Apt. #, Etc.

SUITE 205

City

WINTER SPRINGS

State

FL

Zip Code

32708

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

James L. Medlock
REGISTERED AGENT MUST SIGN

Date 12-30-03

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:

JAMES L. MEDLOCK
James L. Medlock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-30-03 (407) 696-3281

Date

Daytime Phone #

CP2E040 (7/03)

YOUR SPRESSIONS INC

Specializing in Custom Imprinting
1280 BELLE AVENUE SUITE 205
WINTER SPRINGS, FL. 32708
(407) 696-3281 Fax (407) 696-3283

12-29-03

TO: DIV. OF CORPORATIONS
DEPT OF STATE

PLEASE NOTE THIS WAS FIRST NOTICE WE RECEIVED ABOUT PAYING
ANNUAL REPORT FEE THIS YEAR.

WE REQUEST YOU WAIVE RE-INSTATEMENT FEE.

RGDS,
J. MEDLOCK