

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000104924

FILED
Oct 18, 2005
Secretary of State

Entity Name: FIRST IMPRESSIONS NURSERY, INC.

Current Principal Place of Business:

4074 N. 160TH ST
LOXAHATCHEE, FL 334708

New Principal Place of Business:

4074 N. 160TH ST
LOXAHATCHEE, FL 33470 US

Current Mailing Address:

4074 N. 160TH ST
LOXAHATCHEE, FL 334708

New Mailing Address:

4074 N. 160TH ST
LOXAHATCHEE, FL 33470 US

FEI Number: 14-1895933

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALLIERE, LINDA
620 LAKE WELLINGTON DRIVE
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

VALLIERE, LINDA
1070 SWEET BRIAR PL
WELLINGTON, FL 33414 US

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: LINDA VALLIERE

10/18/2005

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: VALLIERE, LINDA
Address: 620 LAKE WELLINGTON DRIVE
City-St-Zip: WELLINGTON, FL 33414

Title: VP () Delete
Name: BAILEY, BENJAMIN
Address: 7437 SADDLE ROAD
City-St-Zip: LAKE WORTH, FL 33463

Title: S (X) Delete
Name: BAILEY, KRISTEN
Address: 242 SANDPIPER DRIVE
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VALLIERE, LINDA
Address: 1070SWEET BRIAR PL
City-St-Zip: WELLINGTON, FL 33414

Title: VP (X) Change () Addition
Name: BAILEY, BENJAMIN
Address: 4074 N. 160TH AVE
City-St-Zip: LOXAHATCHEE, FL 33470

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LINDA VALLIERE

PRES

10/18/2005

Electronic Signature of Signing Officer or Director

Date