

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P03000149136

1. Corporation Name

FIRST IMPRESSION OF AMERICA INC.

2. Principal Office Address 100 S BUMBY AVE		3. Mailing Office Address Suite, Apt. #, etc.	
City & State ORLANDO, FL		City & State	
Zip 32803	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 12/8/2003	
5. FEI Number 47-0928576	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$4.75 Additional Fee required for a Certificate of Status	

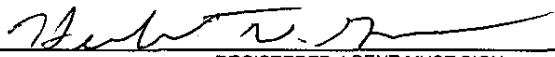
7. Name and Address of Current Registered Agent

Name GREEN, HERBERT	
Street Address (P.O. Box Number is Not Acceptable) 100 S BUMBY AVE	
Suite, Apt. #, Etc.	
City ORLANDO	State Zip Code FL 32803

REINSTATEMENT

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  Date 10/13/04
REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	GREEN, HERBERT	100 S BUMBY AVE	ORLANDO, FL 32803
VD	GREEN, WARREN	100 S BUMBY AVE	ORLANDO, FL 32803
TD	GREEN, DONAND	100 S BUMBY AVE	ORLANDO, FL 32803
SD	GREEN, ALVIN	100 S BUMBY AVE	ORLANDO, FL 32803
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10. 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:  **PRESIDENT** **10/13/2004** **(407) 895-5933**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Firm of Robinson & Robinson

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10/14/04

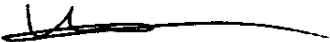
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

To Whom It May Concern,

This letter is to inform you that First Impression of America Inc., has relocated. The named Corporation did not receive a Annual Corporate Report. The officers of the Corporation was under the guidance of their previous accountant, who failed to properly inform them that this report should have been filed. Due to these circumstances we are asking that you abate the reinstatement fees. If there are any questions you can contact me at (407) 895-5933.

Your consideration concerning this matter is greatly appreciated.

Cordially yours,



Maurice Robinson
CEO