

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
FILED

1/2 ATX1

05 JUL 15 AM 11:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION

FLORIDA DEPARTMENT OF STATE

~~REINSTATEMENT~~

Secretary of State

DIVISION OF CORPORATIONS

2005 Annual Report

DOCUMENT # P03000149136

1. Corporation Name

FIRST IMPRESSIONS OF AMERICA

2. Principal Office Address

1103 N. KENNEDY AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

EATONVILLE/FLORIDA

City & State

Zip

Country

32810

USA

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 ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

HERBERT GREEN

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

1103 N. KENNEDY AVENUE

Suite, Apt. #, Etc.

City

EATONVILLE

State

FL

Zip Code

32810

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

*Herbert Green*  
REGISTERED AGENT MUST SIGN

Date 6/14/2005

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	HERBERT GREEN	1103 N. KENNEDY AVENUE	EATONVILLE/ FLORIDA/32810
VD	WARREN GREEN	1103 N. KENNEDY AVENUE	EATONVILLE/FLORIDA/32810
TD	DONALD GREEN	1103 N. KENNEDY AVENUE	EATONVILLE/FLORIDA/32810
SD	ALVIN GREEN	1103 N. KENNEDY AVENUE	EATONVILLE/FLORIDA/32810

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)(f), 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:

*Herbert Green*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/2005

Date

(407) 628-1770

Daytime Phone #

2/2

Robinson and Robinson Inc.

MAY 14, 2005

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

To Whom It May Concern,

This letter is to inform you that FIRST IMPRESSIONS OF AMERICA, INC. , has relocated. The named Corporation did not receive a Annual Corporate Reports, for the year (2005). Due to these circumstances we are asking that you abate the reinstatement fees. The payment of \$150.00 is enclosed for the said years. If there are any questions you can contact me at (407) 895-5933. Document #P0300149136

Your consideration concerning this matter is greatly appreciated.

Cordially yours,



Maurice Robinson