

# **2008 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000173486

Entity Name: DISH IMPRESSIONS, INC...

**FILED**  
**May 01, 2008**  
**Secretary of State**

## **Current Principal Place of Business:**

4801 S UNIVERSITY DRIVE  
252  
DAVIE, FL 33328

## **New Principal Place of Business:**

8661 NW 24TH STREET  
SUNRISE, FL 33322

## **Current Mailing Address:**

8661 NW 24TH STREET  
SUNRISE, FL 33322

## **New Mailing Address:**

FEI Number: 55-0855120

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ADAMS, JOHN  
8661 NW 24TH ST  
SUNRISE, FL 33322 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: JOHN ADAMS

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: DP ( ) Delete  
Name: SHLYKOVA, YEKATERINA  
Address: 1941 W. WOOLBRIGHT RD #104  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: DVP ( ) Delete  
Name: ADAMS, JOHN  
Address: 8661 NW 24TH STREET  
City-St-Zip: SUNRISE, FL 33322

Title: DT ( ) Delete  
Name: NICHOLAS, ADAMS  
Address: 418 SE 4TH TERRACE  
City-St-Zip: DANIA, FL 33004

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

Title: DP (X) Change ( ) Addition  
Name: GERARD, DEL SORBO  
Address: 19132 STEAMSIDE COURT  
City-St-Zip: BOCA RATON, FL 33498

Title: DVP (X) Change ( ) Addition  
Name: LAURIA, FABIO  
Address: 8661 NW 24TH STREET  
City-St-Zip: SUNRISE, FL 33322

Title: DS (X) Change ( ) Addition  
Name: JOHN, ADAMS  
Address: 8661 NW 24TH STREET  
City-St-Zip: SUNRISE, FL 33322

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOHN ADAMS

Electronic Signature of Signing Officer or Director

SECT

05/01/2008

Date