

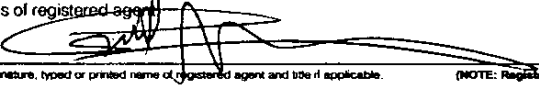
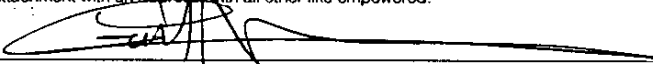


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000118639 1. Entity Name PRESS TO IMPRESS, INC.						FILED 07 NOV 19 AM 9:00 CLERK OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business 4816 WEST PINE STREET ORLANDO, FL 32811 US			Mailing Address 4816 WEST PINE STREET ORLANDO, FL 32811 US			 REINSTATEMENT 07		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		4. FEI Number				Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State				City & State
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent PROFESSIONAL ACCOUNTANTS & CONSULTANTS, INC 2471 E SEMORAN BLVD APOPKA, FL 32703				7. Name and Address of New Registered Agent Name GABRIEL ASPANI Street Address (P.O. Box Number is Not Acceptable) 4816 W. Pine St City Orlando FL Zip Code 32811				
8. 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. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE 11/6/07					
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00			09/04/07 90043 042 \$158.75		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS ASPANI, GABRIEL C 4816 WEST PINE STREET ORLANDO, FL 32811	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.								
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 11/6/07 <small>Date</small>					