

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000118639

1. Entity Name
PRESS TO IMPRESS, INC.



Principal Place of Business
4816 WEST PINE STREET
ORLANDO, FL 32811 US

Mailing Address
4816 WEST PINE STREET
ORLANDO, FL 32811 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11/7/07 11:15 AM 11/7/07

REINSTATEMENT 07

4. F.E. Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PROFESIONAL ACCOUNTANTS & CONSULTANTS, INC
2471 E SEMORAN BLVD
APOPKA, FL 32703

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 PTS
STREET ADDRESS ASPANI, GABRIEL C
CITY-ST-ZIP 4816 WEST PINE STREET
ORLANDO, FL 32811 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/6/07