

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P1100074570

1. Corporation Name

FIRST IMPRESSIONS OF CENTRAL FLORIDA INC

2. Principal Office Address - No P.O. Box #

415 E MAIN ST

Suite, Apt. #, etc

SUITE D

City & State

BARTOW FL

Zip

33830

Country

POLK

3. Mailing Office Address

P O BOX 2284

Suite, Apt. #, etc.

City & State

BARTOW FL

Zip

33831

Country

POLK

**FILED**  
2013 SEP 29 AM 10:02  
2009040083 12  
09/29/17--01018--011 \*\*1393.75  
CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida  
08/22/2011

5. FET Number

45-3051175

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

MARGIE PRIMER

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

1719 TERRY CIR NE

Suite, Apt. #, ETC

City

WINTER HAVEN

State

FL

Zip Code

33881

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

*Margie Primer*

REGISTERED AGENT MUST SIGN

Date

9/27/17

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
P	MARGIE PRIMER	1719 TERRY CIR NE	WINTER HAVEN FL 33881

**REINSTATEMENT** 10  
2013-2017

10. E-mail Address: TONYP090394@AOL.COM

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*Margie Primer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/27/17

Daytime Phone #

863-440-1641