

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 APR 26 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/06/02--01006--009
****150.00 ****150.00

REINSTATEMENT 01-02

DOCUMENT # P93 000050142
1. Corporation Name **SOUND IMPRESSIONS, INC**

2. Principal Office Address **7907 Wellsmere Cir**
Suite, Apt. #, etc.

3. Mailing Office Address **7907 Wellsmere Circle**
Suite, Apt. #, etc.

City & State **Orlando, FL**
Zip **32835** Country **USA**

City & State **Orlando, FL**
Zip **32835** Country **FL**

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number **59-394714**

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 **GAIL E. ROWILLARD (Formerly Heaton)**
Street Address P.O. Box Number is Not Acceptable **7907 Wellsmere Circle**
Suite, Apt. #, Etc.
City **Orlando**

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****750.00 ****750.00

State **FL** Zip Code **32835**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 55 or 5, F.S.

Signature of Registered Agent **Gail E. Rowillard**
REGISTERED AGENT MUST SIGN

Date **4-22-02**

9. Names and Street Addresses of Each Officer and/or Director Florida nonprofit corporations must list at least directors

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	GAIL E. ROWILLARD	7907-Wellsmere Cir,	Orlando, FL 32835

10. I hereby certify that the officer or director of the corporation or nonprofit organization named herein is a resident of the State of Florida.

SIGNATURE: **Gail E. Rowillard**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02 (407)
981-0707
Date Daytime Phone #

Sound Impressions, Inc.

April 22, 2002

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

To Whom It May Concern,

Enclosed is the paperwork for Corporation Reinstatement for Sound Impressions, Inc. Upon an inquiry made by telephone I was told that my reinstatement fee would be the sum total of \$900.00 if paid before May 1, 2002. If this information is incorrect could I please be called immediately so that I might pay the correct amount before May 1st so as not incur any additional expenses. I can be reached by voice mail pager (407)981-0707 just by leaving a detailed message and telephone number and I will call back immediately.

Payment for this transaction is in two checks one for \$ 150.00 and the second for \$750.00. If this is not acceptable please let me know as I can also pay on line or by telephone with a company credit card.

Thank you for your services,



Gail E. Rouillard

President: Sound Impressions, Inc.