

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC 15 AM 11:27

DOCUMENT# P97000040143

1. Corporation Name

LASTING VISUAL IMPRESSIONS, INC.

W-28443

2. Principal Office Address

1381 Bunnel Road

Suite, Apt. #, etc.

City & State

Apopka, Florida

Zip

32703

Country

United States

3. Mailing Office Address

P.O. Box 607761

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32860

Country

United States

**REINSTATEMENT** 98-10

4. Date Incorporated or Qualified  
- To Do Business in Florida

May 6, 1997

5. FEI Number

59-3476796

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

James Hall III

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

1381 Bunnel Road

Suite, Apt. #, Etc.

City

Apopka, Florida

State

FL

Zip Code

32703

600003521636-9

-01/03/01 -01034-012

\*\*\*1050.00 \*\*\*1050.00

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

REGISTERED AGENT MUST SIGN

Date

12-9-00

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
Pres.	James W. Hall, III	1381 Bunnel Road	Apopka, Florida 32703
Sec/Treas	Zory Hall	1381 Bunnel Road	Apopka, Florida 32703

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*James W. Hall III*

James W. Hall, III,

Date

11/16/00

Daytime Phone #

(407) 538-0523