PLEASE READ ALL INSTRUCTIONS REFORE COMPLETING THIS FORM

	PLEASE NEA				7		1011	
	PLICATION IS AT LAND	A DEPARTMENT OF STATE Jim Smith Scretary of State I SION OF CORPORATIONS		FILED				
DOCUMENT # P98000104356					02 OCT 28 РМ 2: ц7			
1. Corporation Name CORPORATE IMPRESSIONS, INC.						SECRETARY OF STATE FALLAHASSEE, FLORIDA		
Principal P	lace of Business	Mailing Add	1000					
2100 NORTH POWERLINE ROAD 2100 N			I POWERLINE ROAD BEACH FL 33069					
If above a 2. New Pr	addresses are incorrect in any way, line incipal Office Address, if Applicable	ling Office Address, If Applicable 7 NW 904 Towa CC		Date Incorporated or Chaliffed To Do Business in Florida 12/15/1998				
Suite, Apt. #, etc. City & State City & State			5. FEI No			A5-0202258		
Zip	Country	21p330	CS Cour	DYSA	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee regards for a Certificate of Status	
7. Names	and Street Addresses of Each Officer a	nd/or Director (Fig	orida nonprofit corpo		ast 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director 2100 NORTH POWERLINE ROAD 2100 NORTH POWERLINE ROAD			POMPANO BEACH FL 33089 POMPANO BEACH FL 33089			
PTD	LIKE, DAVID 8							
VPS	LIKE, HEATHER							
					50 10/23	1 0 008649 7020104000	5175 5_** 50.00	
	8. Name and Address of Curre	nt Registered Age	ent		9. Name and A	ddress of New Registers	nd Accent	
LIKE, DAVID 8 2100 NORTH POWERLINE ROAD POMPANO BEACH FL 33089				Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code				
ignature of legistered.	that I am an officer or director or the rec	REGISTERED AG	ENT MUST SIGN	this application as positive	ovided for in chemical	Date/O - 2.2	505, F.S.	
owed by	statement application, the reason for dis- the corporation have been paid and th- application is true and accurate, and my	isciution has peen e names of individi	ellminated, the corp Jais listed on this for	orate name satisfies t rm do not qualify for a	he requirements o n exemption unde	of Eartines RA7 MAG1 av 817	MAN E & that all force	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-0 2 561-969-Date Daytime Phone # 11-4/4/02 0025-004 AV



4177 NW 90th Terrace Coral Springs, FL 33065 Phone: 954.344.8979 Fax: 954.344.8913 www.corporateimpression.com

October 22, 2002

To Whom It May Concern: -

On October 21, 2002, we received a Notice of Administrative Dissolution or Revocation at our old mailing address. This is the first notice we received about the 2002 filing of our uniform business report. Corporate Impressions has been incorporated since 1998 and we have always filed our report in a timely manner.

We are requesting a waiver of reinstatement fees due to the fact that we did not receive any prior notice of the uniform business report. This is not the first instance of us not receiving something through the postal service. We are on site with many other companies all sharing the same address. Many times in the past, letters, bills, and payments to us have been erroneously lost.

In March of 2002, we changed our billing/mailing address to try to rectify this situation. Although we are still receiving some mail at the old address, we obviously did not receive either of the prior notices sent to us. Per the United States Post Office we cannot even use the mail forwarding service since all of these businesses use the same address. We have been told that everyone would have to move in order for them to forward our mail.

We have enclosed the necessary information for our reinstatement. Please change your records to indicate our new mailing address. Should you have any further questions please feel free to contact us at 954.344.8979 or at the new address.

Sincerely,

David B. Like President

Corporate Impressions