

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

99 JUL 9 PM 3:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V40262

1. Corporation Name  
CLEAR IMPRESSIONS  
UNLIMITED INC

Principal Place of Business Mailing Address  
6675 HIDDEN BEACH BLVD  
ORLANDO FLA 32819 SAME

REINSTATEMENT 98-99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable N/A		3. New Mailing Office Address, If Applicable N/A		4. Date Incorporated or Qualified To Do Business in Florida 4-92	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A		5. FEI Number 59-3136629	
City & State N/A		City & State N/A		Applied For Not Applicable	
Zip N/A		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	JANICE JOHNSON	6675 HIDDEN BEACH BLVD	ORL FL 32819
T/S	DW MMONA	6675 HIDDEN BEACH BLVD	ORL FL 32819
600002932726--3 -07/16/99--01002--007 *****900.00 *****900.00			
8/7/12			

8. Name and Address of Current Registered Agent DW MMONA 6675 HIDDEN BEACH BLVD ORLANDO FLA 32819		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Date 07/07/99

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax)

12. 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: 07/07/99 407 341 3335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

Date Daytime Phone #

CP2E081 (12/98)