

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
98 NOV 12 AM 10 27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **J23855**

1. Corporation Name

**FOREVER TANNING CENTERS, INC.**

Principal Place of Business

Mailing Address

6922 SOUTH FLORIDA AVE.  
LAKELAND FL 33613

6922 SOUTH FLORIDA AVE.  
LAKELAND FL 33613

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT 1996** *MWB 11-15-96*

Incorporated or Qualified To Do Business in Florida

06/20/1988

5. FEI Number

58-2776532

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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
PD	SEGREE, BILLIE R	1407 NE 1ST ST	MULBERRY FL
VD	SEGREE, DARRELL A	1407 NE 1ST ST	MULBERRY FL
STD	HATFIELD, STEPHEN D	6900 BRECKENRIDGE COURT	LAKELAND FL
			1000002009211--3 -11/20/96--01015--008 ***375.00 ***375.00

8. Name and Address of Current Registered Agent

SEGREE, BILLIE R  
6922 SOUTH FLORIDA AVENUE  
LAKELAND FL 33613

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

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

*Signature* **SIGNATURE REQUIRED**

Date

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(f), 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:

*Signature* **SIGNATURE REQUIRED**  
STEPHEN HATFIELD

11-08-96

Date

Daytime Phone #

CRS 6040 (7/95)