

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 NOV 13 PM 12:16

DOCUMENT # J26058

1. Corporation Name

E-Z/TAN, INC.

Principal Place of Business

Mailing Address

21073 POWERLINE RD., SUITE 63
 BOCA RATON FL 33433

21073 POWERLINE RD., SUITE 63
 BOCA RATON FL 33433



REINSTATEMENT 01

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

4. Date Incorporated or Qualified To Do Business in Florida

07/28/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2544499

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED \$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	4 City / State / Zip
PD	MICHAEL POGGI	21073 POWERLINE RD.	BOCA RATON FL
			800004700868--7 -11/30/01--01070--024 ****750.00 ****750.00
			<i>[Signature]</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ARNESANO DAVID
 17606 TIFFANY TRACE
 BOCA RATON FL 33487

Name MICHAEL POGGI
 Street Address (P.O. Box Number is Not Acceptable) 21073 POWERLINE ROAD
 Suite, Apt. #, Etc. Suite 63
 City BOCA RATON State FL Zip Code 33433

-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] MICHAEL POGGI Date 10/25/01
 REGISTERED AGENT MUST SIGN

11. 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:

[Signature] MICHAEL POGGI Date 10/25/01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #