PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 96-97 REINSTATEMENT

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

**FILED**
97 MAY 29 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000007655

1. Corporation Name
**MAGIC TAN INT'L INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~7178 NW 63RD WAY~~<br>~~POMPANO FL 33067~~ | ~~7178 NW 63RD WAY~~<br>~~POMPANO FL 33067~~ |

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

**REINSTATEMENT** 96-97

| 2. New Principal Office Address, If Applicable | 3. New Mailing Office Address, If Applicable |
|---|---|
| 2823 NE 26 PL | 2823 NE 26 PL |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: FT Laud, Fla | City & State: FT Laud, Fla |
| Zip: 33306 Country: USA | Zip: 33306 Country: USA |

4. Date Incorporated or Qualified To Do Business In Florida: ~~01/27/1994~~

5. FEI Number: 65-0465194 ☐ Applied For ☐ Not Applicable

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
|---|---|---|---|
| P | STELLA, SANDRA A | ~~7178 NW 63RD WAY~~<br>2823 NE 26 PL | ~~POMPANO FL 33067~~<br>FT Laud, Fl 33306 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

500002200385--6
-06/03/97--01105--010
****915.00 ****915.00

JB 5-2-97

8. Name and Address of Current Registered Agent

C. CRAIG STELLA P.A.
110 SE 6TH ST.
SUITE 1710 (110TH TOWER)
FT. LAUDERDALE FL 32301

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

CR2E040 (7/96)

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: C. Craig Stella Date: 1/9/97
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)(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:** Sandra Stella Sandra A Stella 1/9/97 (954)568-3335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #