

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 SEP 24 AM 10:06

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

Soleil Tanning, L.L.C.

700161004097
09/24/09--01037--004 **377.50
CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 3409C W. Bay to Bay Blvd. Suite, Apt. #, etc.		3. Mailing Office Address 3409C W. Bay to Bay Blvd. Suite, Apt. #, etc.	
City & State Tampa, Florida		City & State Tampa, Florida	
Zip 33629	Country USA	Zip 33629	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 7/15/2002	
6. FEI Number 161617521	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>See Instructions on back of form</small>	

8. Name and Address of Current Registered Agent		
Name Eric Fischman		
Street Address (P.O. Box Number is Not Acceptable) 3409C W. Bay to Bay Blvd.		
Suite, Apt. #, Etc.		
City Tampa	State FL	Zip Code 33629

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 8/19/09

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MgMm	Eric Fischman	3409C W. Bay to Bay Blvd.	Tampa / FL / 33629
	REINSTATEMENT 2008, 2009		

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

[Signature]

Date 8/19/09

Daytime Phone # 813-477-5961

Typed or printed name of signing Managing Member/Manager Eric Fischman