

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 DEC -4 PM 12:43

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000017832

Name and Mailing Address

0009162 01 AT 0.292 **AUTO T4 0 0615 33602-578527



SOLEIL TANNING, L.L.C.
1127 SHIPWATCH CIRCLE
TAMPA FL 33602-5785

600025201736
12/04/03--01006--017 **150.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/15/2002	
Principal Place of Business 1127 SHIPWATCH CIRCLE TAMPA FL 33602	3. New Principal Place of Business Address 3409C W. Bay to Bay Blvd. City, State, Zip Tampa, FL 33629	6. FEI Number 161617521	Applied For Not Applicable
8. Name and Address of Current Registered Agent FISCHMAN, ERIC M 1127 SHIPWATCH CIRCLE TAMPA FL 33602		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		FL	Zip Code
10. 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 <i>Eric Fischman</i>		SIGNATURE REQUIRED Date 11/28/03	
REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	ERIC FISCHMAN	1127 Shipwatch Circle	TAMPA, FL 33602
MGR	Carol Fischman	1321 Indian Mound Trail	Vero Beach, FL 32963
MGR	TRACY Deffendell	425 Chippawa Ave	Tampa, FL 33606
REINSTATEMENT 2003			

12. 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 REQUIRED

Date 11/28/03

Daytime Phone # 813-832-8267

Typed or printed name of signing Managing Member/Manager

ERIC M Fischman

CR2E034 (7/03)