

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

09 SEP 28 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L07000064238

1. Entity Name  
PROSUN TANNING SYSTEMS, LLC



Principal Place of Business Mailing Address  
2442 23rd STREET NORTH 2442 23rd STREET NORTH  
ST. PETERSBURG, FL ST. PETERSBURG, FL

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
2442 23rd St. N. 2442 23rd St. N.  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
St. Petersburg, FL St. Petersburg, FL  
Zip Country Zip Country  
33713 Pinellas 33713 Pinellas



08242009 REIN-LLC CR2E101 (1/07)

4. FEI Number 26-0841225 Applied For  
Not Applicable  
5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
PEREZ, FERNANDO CATHRINA HENKEMANS  
1303 NORTH ARMENIA AVENUE  
TAMPA, FL 33607 6124 KIPPS COLONY DRIVE W  
City GULFPORT FL Zip Code 33707

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  
SIGNATURE CATHRINA HENKEMANS C.F.O. 9/23/09  
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$377.50 Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Tom Henkemans Family Trust 6124 Kipps Colony Dr. W. Gulfport, FL 33707 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGRM
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Catharina Henkemans Family Trust 6124 Kipps Colony Dr. W. Gulfport, FL 33707 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGRM
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	09/15/09 01013--001 **377.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400160670154 09/15/09--01013--001 **377.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X 9/10/09 727 825 0400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 16, 2009

PROSUN TANNING SYSTEMS, LLC  
2442 23RD ST. N.  
ST. PETERSBURG, FL 33713

SUBJECT: PROSUN TANNING SYSTEMS, LLC  
Ref. Number: L07000064238

We have received your document for PROSUN TANNING SYSTEMS, LLC and your check(s) totaling \$377.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The Florida Department of State does not maintain the names and addresses of the members of a limited liability company. Please remove the names and addresses of the members from the document OR insert the letters "MGRM" beside their names and addresses to indicate they are serving in the capacity of a managing member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 509A00030490