

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 APR 22 PM 3:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name P00000016196  
Tropical Tanning INC.

**2. Principal Office Address**

743 Lonnie Baker Ln

Suite, Apt. #, etc.

City & State

Crawfordville Fla

Zip

32327

Country

U.S

**3. Mailing Office Address**

777-S Capital Cir SW

Suite, Apt. #, etc.

City & State

Tallahassee Fla

Zip

3205

Country

US

**400052063764**

04/26/05--01007--017 \*\*758.75

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

593623369

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Phillip N Cooksey

Street Address (P.O. Box Number is Not Acceptable)

743 Lonnie Baker Ln

Suite, Apt. #, Etc.

City

Crawfordville Fla

State

FL

Zip Code

32327

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

[Signature]

Date 04/22/05

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Phillip Cooksey	743 Lonnie Baker Ln	Crawfordville Fla
V.P.	Paula Cooksey	743 Lonnie Baker Ln	Crawfordville Fla
V.P.	Tamy Cooksey	743 Lonnie Baker Ln	Crawfordville Fla

**10. 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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-05

Date

850 766-4331

Daytime Phone #

CR2F001 (01/05)

To whom it may Concern I never  
received a notice in 2001 and would like  
the late Fees to be waived

Philip Cestry