


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 18 PM 2:21

DOCUMENT # P00000017331	
1. Entity Name THE BRONZING ROOM INC.	

Principal Place of Business 4765 HODGES BLVD. 15 JACKSONVILLE, FL 32224	Mailing Address WINDSOR COMMONS SHOPPING C T R, SUITE 15 4765 HODGES BOULEVARD JACKSONVILLE, FL 32224
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2. Principal Place of Business 4765 Hodges Blvd.	3. Mailing Address
Suite, Apt. #, etc. Suite 15	Suite, Apt. #, etc.
City & State Jacksonville, FL	City & State
Zip 32224	Country USA

REINSTATEMENT 04-05



03152005 REIN-P CR2E098 (6/04)

4. FEI Number 59-3625933	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCLEAN, J. BARD JR 3681 WEXFORD HOLLOW RD W JACKSONVILLE, FL 32224	7. Name and Address of New Registered Agent Name Glazier & Glazier, P.A. Street Address (P.O. Box Number is Not Acceptable) 8825 Perimeter Park Blvd., Ste. 504 City Jacksonville FL Zip Code 32216
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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. By: Scott L. Glazier; Its: Vice President

SIGNATURE Scott L. Glazier DATE 3/16/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$900.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLEAN, JOSEPH B 3681 WEXFORD HOLLOW ROAD WEST JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D McLean, J. Bard, Jr. 3681 Wexford Hollow Rd. W. Jacksonville, FL 32224 <input checked="" 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	VP/S McLean, Linda 3681 Wexford Hollow Rd. W. Jacksonville, FL 32224 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400049291764 03/28/05--01067--003 **900.00 <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	<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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. By: Linda McLean; Its: Vice President

SIGNATURE: Linda McLean DATE 3-17-05 (904) 992-9994  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #