

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 24 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P01000000109

1. Corporation Name

ISLAND TAN OF NAPLES, INC
5943 PINE RIDGE ROAD
NAPLES, FL 34119

2. Principal Office Address

5943 PINE RIDGE ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

Zip

34119

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1/1/01

5. FEI Number

65-1067517

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

Anthony Aoun

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

5943 PINE RIDGE RD

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34119

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

Date

2/10/09

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 |
|--------|--------------------------------------|---|--|
| Pres | GAMMA MARCO | 1606 HENRY RD | W. Ant. Ave., N 11753 NAPLES FL 34119 |
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REINSTATEMENT

DI-888

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/20/03

Daytime Phone #

CR2ED81 (10/02)