

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *1/15/2*

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P01000005882**

1. Corporation Name

**NORTHDALE TANNING SALON, INC.**

Principal Place of Business

3829 NORTHDALE BLVD  
TAMPA FL 33624

Mailing Address

3829 NORTHDALE BLVD  
TAMPA FL 33624

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>01/16/2001</b>
City & State	City & State	5. FEI Number
Zip	Country	<b>59-3692975</b>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	DEFRANCO, JOSEPH	15619 FARNSWORTH LN	TAMPA FL 33624
			200009312932 12/03/02-01031-002 ***550.00
			200009312932 2/21/02-01075-001 ***150.00

8. Name and Address of Current Registered Agent

DEFRANCO, JOSEPH L  
15619 FARNSWORTH LN  
TAMPA FL 33624

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
<b>FL</b>		

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*S. Joseph L. DeFranco*

REGISTERED AGENT MUST SIGN

Date *11/7/02*

11. 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: *S. Joseph L. DeFranco*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *1/2/03*  
Daytime Phone #

2  
October 30th, 2002

Northdale Tanning Salon, Inc.  
3829 Northdale Blvd.  
Tampa, FL 33624  
813.960.4611

To Whom it may concern:

We only received one notice on our UBR report. I am sending a check for the initial amount, please notify us if there is an error on our part as well.

Thank you,

Northdale Tanning Salon, Inc.

H.J. RESOURCES, INC.  
P.O. BOX 631  
BROOKSVILLE, FLORIDA 34605

Attachment  
P 99000612356

Friday, December 13, 2002

Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

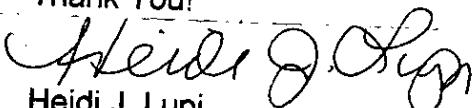
Re: 2002 Annual Report

Dear Division of Corporations;

Apparently, due to a change in address, we did not receive the 2002 annual report. Please find enclosed a 2002 annual report along with our check payable in the amount of \$150.00.

Please update our address in your system.

Thank You!

  
Heidi J. Lupi  
President