PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~CORPORATION~~ REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAY -5 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
400075289594
05/25/06--01049--013 **1208.75

DOCUMENT # P02000042059

1. Corporation Name
STARFIRE TANNING INC.

REINSTATEMENT (CR2E087 (1/2/05)) 03-06

2. Principal Office Address	3. Mailing Office Address
4316 LEE BLVD	4316 LEE BLVD
Suite Apt # etc: SUITE #4	Suite, Apt # etc: SUITE #4
City & State: LEHIGH ACRES FL	City & State: LEHIGH ACRES FL
Zip: 33971 Country: LEE	Zip: 33971 Country: LEE

4. Date Incorporated or Qualified To Do Business in Florida: 4/18/02

5. FEI Number: # 22-3929760 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: ZAKARY GALLER

Street Address (P.O. Box Number is Not Acceptable): 17501 CALOOSA TRACE CR

Suite, Apt. #, Etc:

City: FT MYERS State: FL Zip Code: 33912

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: Zakary Galler (REGISTERED AGENT MUST SIGN) Date: 4/30/06

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	ZAKARY GALLER	17501 CALOOSA TRACE CR	FT MYERS FL 33912
V	CAROL VATICANO	17501 CALOOSA TRACE CR	FT MYERS FL 33912

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 contained in Chapter 119, 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: Zakary Galler ZAKARY GALLER 4/30/06 (239)450-0494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell MAY 12 2006