

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 26 PM 6:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02 0000 7396 7

1. Corporation Name

Tan Express

2. Principal Office Address

1865 N. Pine Island Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

1865 N. Pine Island Rd.

Suite, Apt. #, etc.

City & State

Plantation, FL

City & State

Plantation, FL

Zip

33322

Country

U.S.

Zip

33322

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

7/8/02

5. FEI Number

02-0633151

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

Frantz Theard

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

6761 NW 45 CT

Suite, Apt. #, Etc.

City

Lauderhill

State

FL

Zip Code

33319

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

Frantz Theard

REGISTERED AGENT MUST SIGN

Date

9/24/03

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.	Frantz Theard	6761 NW 45 CT	Lauderhill, FL 33319
V.P.	Anthony Iles	6761 NW 42 ST	Coral Springs, FL 33065

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:

Frantz Theard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/24/03

Daytime Phone #

(954) 261-9261

CR2E081 (10/02)