

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000127272**

1. Corporation Name

SUNNY DAZE TANNING AND MASSAGE, CORP.

Principal Place of Business

Mailing Address

P O BOX 783302
WINTER GARDEN FL 34778

P O BOX 783302
WINTER GARDEN FL 34778

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/03/2002

5. FEI Number

84-1618727

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPT	ZAKHARY, PETER	3740 FALLSCREST CIRCLE	CLERMONT FL 34711
DVS	ZAKHARY, PAUL	1070 CHASE DDR	WINTER GARDEN FL 34778

REINSTATEMENT 03

500024430135
11/05/03--01013--017 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FLORIDA AGENT SERVICES, INC.
92 SADBERRY ROAD
QUINCY FL 32351

Name

Peter ZAKHARY

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

(~~2nd Floor~~) 3740 FALLSCREST Circle

Suite, Apt. #, Etc.

City

Clermont

State

FL

Zip Code

34778

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

SIGNATURE
REGISTERED AGENT MUST SIGN

Date

10/27/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/03
Date

407-468-1907
Daytime Phone #

CR2E040 (7/03)