


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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FILED  
07 AUG 13 PM 12:37  
STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000140011

1. Corporation Name

TANNING RESOURCES, INC.

2. Principal Office Address - No P.O. Box #

3128 GULFWIND DR.

Suite, Apt. #, etc.

3. Mailing Office Address

3128 GULFWIND DR.

Suite, Apt. #, etc.

City & State

LAND O LAKES, FL

Zip

34639

Country

PASCO

City & State

LAND O LAKES, FL

Zip

34639

Country

PASCO

7. Name and Address of Current Registered Agent

Name

JEFFREY ISON

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

3128 GULFWIND DR.

Suite, Apt. #, Etc.

City

LAND O LAKES,

State

FL

Zip Code

34639

4. Date Incorporated or Qualified  
To Do Business in Florida

12/4/2003

5. FEI Number

77-0615534

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status



The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

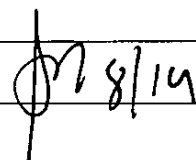
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

  
REGISTERED AGENT MUST SIGN

Date 8/9/07

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.	JEFFREY ISON	3128 GULFWIND DR.	LAND O LAKES, FL 34639
SEC PRES	DONNA ISON	3128 GULFWIND DR.	LAND O LAKES, FL 34639
			

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08/22/07--01046--016 \*\*450.00

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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/9/07 (813)215-0561

Date

Daytime Phone #