

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -8 AM 10: 27

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000149886

1. Corporation Name

Unique Tan, Inc.

REINSTATEMENT

09-06

2. Principal Office Address
1011 Shinnecock Hills Drive

3. Mailing Office Address
1809 E Broadway St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

347

City & State
Oviedo

City & State
Oviedo

Zip
FL

Country
Seminole

Zip
32765

Country
Seminole

4. Date Incorporated or Qualified
To Do Business in Florida 12-08-2003

5. FEI Number
20-5983708

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
John DiMeglio

Street Address (P.O. Box Number is Not Acceptable)
1808 E. Broadway Street

Suite, Apt. #, Etc.
347

City
Oviedo

State
FL

Zip Code
32765

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

John DiMeglio

REGISTERED AGENT MUST SIGN

Date 12/6/06

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
PTV	John DiMeglio	1011 Shinnecock Hills Drive	Oviedo, Fl. 32765

200092392362
12/06/06--01024--009 **1050.00

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

John DiMeglio JOHN DIMEGLIO PTV.

Date

12/6/06 407 9270242

Daytime Phone #