

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 DEC -8 AM 10: 27

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.

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

200082392362  
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 PTV.

Date

Daytime Phone #

12/6/06 9270242