

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000148936

1. Corporation Name

Ultra Sun of South FL., Inc

W08000029428

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

3020 NE 32nd St.

Suite, Apt. #, etc.

Unit 725

City & State

Fort Lauderdale

Zip

33305

Country

USA

3. Mailing Office Address

P.O. Box 2446

Suite, Apt. #, etc.

City & State

Aston Pa

Zip

19014

Country

USA

7. Name and Address of Current Registered Agent

Name

Robert C Johnson

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

3020 NE 32nd St.

Suite, Apt. #, Etc.

Unit 725

City

Fort Lauderdale

State

FL

Zip Code

33305

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 6-12-08

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	<u>Robert C Johnson</u>	<u>3020 NE 32nd St. Unit 725</u>	<u>Fort Lauderdale FL 33305</u>
Sec	<u>Yechiel A. Mesika</u>	<u>101 Portsmouth Circle Glen Mills Pa 19342</u>	<u>Glen Mills Pa 19342</u>
Treas.	<u>Claire Mc Shane</u>	<u>3020 NE 32nd St. Unit 725</u>	<u>Fort Lauderdale FL 33305</u>
		<u>10/23/07 01017 010</u>	
		<u>\$300.00</u>	

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-12-08

Date

6105211771

Daytime Phone #

FILED

08 JUL 14 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800133143094
07/18/08--01044--009 **158.75

REINSTATEMENT 06-08

**4. Date Incorporated or Qualified
To Do Business in Florida**

11-08-2005

5. FEI Number

203508535

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.

7/17/08