

Tyrone Scott

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
10 NOV 23 PM 4:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P06000102663

1. Corporation Name

CABANA 17 TANNING & DAY SPA INC

W10-44598

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

2728 Waters Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Tpa FL

City & State

Tpa FL

Zip

33614

Country

Hillbom

Zip

33614

Country

Hillbom

**REINSTATEMENT** 09-10

CR2E081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

205338888

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 Christopher C Schrader

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

2728 W. Waters Ave

Suite, Apt. #, Etc.

City Tampa

State FL

Zip Code 33614

000182062920  
06/14/10--01061--002 \*\*300.00  
800188049328  
11/23/10--01005--008 \*\*600.00

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

Date

REGISTERED AGENT MUST SIGN

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	Christopher C Schrader	2728 W. Waters Ave	Tpa FL 33614
VP	Dawn V Perez	2728 W. Waters Ave	Tampa FL 33614
Sec.	Noelle Perez	2728 W. Waters Ave	Tampa FL 33614

10. E-mail Address: CABANA17TANNING@hotmail.com

(To be used for future annual report notification)

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, I further certify, 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

Date

Daytime Phone #

11/23/10