PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 MAY 11 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000145706

1. Corporation Name
ANTHEM TATTOO PARLOR, INC

900180413699
05/05/10--01036--010 **450.00
03/05/09 01024 014 450.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
102 SW 6th St.	102 SW 6TH ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GAINESVILLE, FL	City & State: GAINESVILLE, FL
Zip: 32601 Country:	Zip: 32601 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: November 21, 2006

5. FEI Number: 20-5913288 ☐ 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: TIMOTHY DEEGAN

Street Address (P.O. Box Number is Not Acceptable): 9200 NW 36TH PLACE

Suite, Apt. #, Etc.: SUITE A

City: GAINESVILLE State: FL Zip Code: 32606

☒ 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: _____ Date: 3/21/10
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.	DAVID KOTINSLEY	102 SW 6th ST ~~GAINESVILLE FL 32601~~	GAINESVILLE FL 32601

REINSTATEMENT
07-10

10. E-mail Address: SLEEPYDAVERULZ@GMAIL.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: _____ March 16 2010 352 395 6789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #