PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV 18 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000003600

1. Corporation Name
The SUNSPOT TANNING SALON, INC.

Principal Place of Business
SUNSPOT TANNING SALON.
RAMADA INN
7400 INTERNATIONAL DR.
ORL., FL., 32819

Mailing Address
(SAME)

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 96

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable: 7400 INTL. DRIVE
Suite, Apt. #, etc.: 1106
City & State: ORLANDO
Zip: 32819 Country: ORANGE

3. New Mailing Address, If Applicable
Suite, Apt. #, etc.: SAME
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: I believe 1992 (OWNER)

5. FEI Number: 59-3160557 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES.	VINCENT PREZIOSI	RAMADA INN 7400 INTL DRIVE	ORL, FL., 32819
TREAS.	" "	"	"
			800002010968--4 -11/21/96--01033--012 ****383.75 ****383.75
	NEW		JB 11-19-96

8. Name and Address of Current Registered Agent
LINDA TASCH
420 CHEROKEE DR.
ORL., FL., 32801

9. Name and Address of New Registered Agent
Name: LINDA TASCH
Street Address (P.O. Box Number is Not Acceptable): 420 CHEROKEE DR.
Suite, Apt. #, Etc.:
City: ORL. State: FL Zip Code: 32801

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Linda Tasch
REGISTERED AGENT MUST SIGN
Date: 10/24/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Vincent Preziosi VINCENT PREZIOSI (PRES.) 10/24/96 (407) 422-2315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 293-1259

CR2EDA0 (12/95)