

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000062690

1. Corporation Name

TAN DE SOLEIL, INC.

Principal Place of Business

1512 EAST COMMERCIAL BLVD.
OAKLAND PARK FL 33334

Mailing Address

1512 EAST COMMERCIAL BLVD.
OAKLAND PARK FL 33334

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/08/1993

5. FEI Number

65-0435122

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status



REINSTATEMENT

83

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 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| D | ROSS, KIM | 1611 S.W. 3RD AVENUE | POMPAHO BEACH FL 33060 |
| D | LANDOLFI, VINCE | 5680 NE 7TH AVE | FT LAUDERDALE FL 33334 |
| | | | |
| | | | |
| | | | |
| | | | |

500023865195
10/16/03--01092--007 **150.00

8. Name and Address of Current Registered Agent

LANDOLFI, VINCE
1512 EAST COMMERCIAL BLVD.
OAKLAND PARK FL 33334

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

OCT 11 2003

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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

Date

OCT 26 2003

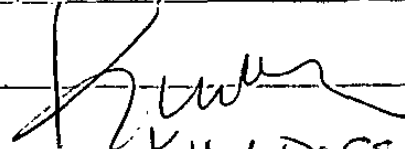
Daytime Phone #

CR2E040 (7/03)

TO WHOM IT MAY CONCERN:

ENCLOSED IS OUR CHECK
FOR \$150. WE NEVER RECEIVED
OUR CORPORATION PAPERS THIS
YEAR. WE ~~RECEIVED THIS DISSOLUTION~~
~~NOTICE~~ AND WERE THEN REMINDED
OF IT. CALL IF THERE ARE ANY
QUESTIONS. WE APPRECIATE
YOUR CONSIDERATION.

THANK-YOU VERY MUCH,


KIM ROSS