

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

96 NOV - 7 PM 2:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000023092

1. Corporation Name

HOLLYWOOD TAN, INC.

Principal Place of Business

Mailing Address

1808 S. YOUNG CIRCLE  
HOLLYWOOD, FLORIDA 33020

700002000097--5

-11/08/96--01027--022

\*\*\*383.75 \*\*\*383.75

DO NOT WRITE IN THIS SPACE

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

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business In Florida

MARCH 23, 1994

5. FEI Number

65-0476702

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P, S, D	HERMAN CASTANEDA	218 N.E. 12TH AVENUE Apt. #108	HALLANDALE, FL 33009
	(NOTE: PLEASE DELETE: JOHN DASILVA & TRACY NOVAK)		

REINSTATEMENT 1996  
11-7-96

8. Name and Address of Current Registered Agent

PLEASE DELETE: JOHN DASILVA

9. Name and Address of New Registered Agent

Name  
HERMAN CASTANEDA  
Street Address (P.O. Box Number is Not Acceptable)  
218 N.E. 12TH AVENUE  
Suite, Apt. #, Etc.  
APT. #108  
City  
HALLANDALE  
State  
FL  
Zip Code  
33009

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

REGISTERED AGENT MUST SIGN

Date NOV 5, 1996

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:

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

11-5-96

954-467-8223

Date Daytime Phone #