

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

00 NOV 20 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # P94000066787

1. Corporation Name

GLOW IN THE SUN, INC.

2. Principal Office Address

28 W. Central Blvd.

3. Mailing Office Address

P.O. Box 536428

Suite, Apt. #, etc.

Suite 400

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32801

Country

U.S.A.

Zip

32853

Country

U.S.A.

4. Date incorporated or Qualified
To Do Business in Florida

9-21-94

5. FEI Number

593275065

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

WARREN E. WILLIAMS

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

28 W. Central Blvd.

Suite, Apt. #, Etc.

Suite 400

City

Orlando

State

FL

Zip Code

32801

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

REGISTERED AGENT MUST SIGN

Date 11-17-00

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
PT	Kenneth Jones	4218 Ilene Court	Orlando, FL 32806
VP/S/D	Ronald Schwartz	28 W. Central Blvd.	Orlando, FL 32801

REINSTATEMENT 2000

10. 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

11-17-00

Date

407-342-3648

Daytime Phone #