

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000075092

1. Corporation Name

MIAMI TAN & SPA, INC.

REINSTATEMENT 0002

300009351453
12/04/02--01053--011 **1050.00

2. Principal Office Address
1650 N. Federal Hwy

3. Mailing Office Address
3440 Hollywood Blvd.

Suite, Apt. #, etc.

Bay 7

Suite, Apt. #, etc.

Suite 470

City & State

Pompano Beach, FL

City & State

Hollywood, FL

Zip

33062

Country

Zip

33021

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/10/94

5. FEI Number

65-0536112

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

JENNIFER SCHWARTZ

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

8211 W. Broward Blvd.

Suite, Apt. #, Etc.

Suite 350

City

Plantation

State
FL

Zip Code
33324

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

Jennifer A. Schwartz
REGISTERED AGENT MUST SIGN

Date 11/20/02

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
D, P, T Sec.	JENNIFER SCHWARTZ	8211 W. Broward Blvd. #350	Plantation, FL 33324

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:

Jennifer A. Schwartz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/02
Date

954-448-6251

Daytime Phone #

CR2001 (8/01)