

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 10 PM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000011300

1. Corporation Name

Raydiance Tanning Center #1 Inc.

2. Principal Office Address

1975 West Lumsden Rd

Suite, Apt. #, etc.

City & State

Brandon, FL

Zip

33511

Country

USA

3. Mailing Office Address

1975 West Lumsden Rd

Suite, Apt. #, etc.

City & State

Brandon

Zip

33511

Country

USA

REINSTATEMENT 00-03

4. Date Incorporated or Qualified
To Do Business in Florida

2/6/96

5. FEI Number

59-3360807

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

Keith Hancock

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

803 Scenic Heights

Suite, Apt. #, Etc.

City

Brandon

State

FL

Zip Code

33511

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

Keith Hancock

Date 11-7-03

REGISTERED AGENT MUST SIGN

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
<u>P</u>	<u>Keith Hancock</u>	<u>803 Scenic Heights</u>	<u>Brandon, Fl 33511</u>
<u>VP</u>	<u>Steve Rossiter</u>	<u>11120 Casa Loma Dr.</u>	<u>Reverview, Fl 33569</u>

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:

Keith Hancock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/03

Date

813-966-3173

Daytime Phone #

CR2E081 (10/02)