

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

97 DEC 19 PM 3:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000030855**

1. Corporation Name

**TAN OUTRAGEOUS, INC.**

Principal Place of Business

17203 48TH COURT, NORTH  
LOXAHATCHEE FL 33470

Mailing Address

17203 48TH COURT, NORTH  
LOXAHATCHEE FL 33470



REINSTATEMENT

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

04/02/1996

5. FEI Number

05-0660047

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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
Pres.	Cheri Probert	17203 48th Ct. N.	Lox, FL. 33470

500002380155-3  
-12/23/97-01033-015  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

FRISENDA, NANCY  
KALCY ACCOUNTING SERVICES  
747 SW SOUTH MACEDO BLVD  
PORT ST LUCIE FL 34983

9. Name and Address of New Registered Agent

Name **Cheri Probert**  
Street Address (P.O. Box Number is Not Acceptable)  
**17203 48th Ct. N.**  
Suite, Apt. #, Etc.

City **Loxahatchee**

State **FL**

Zip Code **33470**

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

*Cheri Probert*

REGISTERED AGENT MUST SIGN

Date **12/16/97**

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on Intangible tax.)

12. 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:

*Cheri Probert, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12/16/97**  
Date

**(561) 798-6337**  
Daytime Phone #