

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 FEB 13 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 0607

| | | | | | |
|--|---|--|---|--|--|
| DOCUMENT # P96000030855 | | | |  | |
| 1. Entity Name TAN OUTRAGEOUS, INC. | | | | | |
| Principal Place of Business 17203 48TH COURT, NORTH LOXAHATCHEE, FL 33470 | | | Mailing Address 17203 48TH COURT, NORTH LOXAHATCHEE, FL 33470 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 2901 Woodward Avenue | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State North Port, FL | | 4. FEI Number 65-0660047 | |
| Zip | Country | Zip 34286 | Country US | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PROBERT, CHERI 17203 48TH COURT N. LOXAHATCHEE, FL 33470 | | | 7. Name and Address of New Registered Agent Name Cheri Probert Street Address (P.O. Box Number is Not Acceptable) 2901 Woodward Avenue City North Port FL Zip Code 34286 | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Cheri Probert</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| FILE NOW!!! FEE IS \$300.00 | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P PROBERT, CHERI 17203 48TH COURT N. LOXAHATCHEE, FL 33470 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | P Probert, Cheri 2901 Woodward Avenue North Port, FL 34286 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP PROBERT, MARK D 17203 48TH COURT N. LOXAHATCHEE, FL 33470 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 900088712139 02/19/07--01020--031 **300.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <i>Cheri Probert</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |