

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000033067

1. Corporation Name

CAPTIVE SUN TANNING SALONS, INC.

9/21/01

Principal Place of Business

Mailing Address

1755 ALTON ROAD
MIAMI BEACH FL 33139

1755 ALTON ROAD
MIAMI BEACH FL 33139
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/12/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0662035

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PVD	KNOTT, ROBERT	1755 ALTON RD	MIAMI BEACH FL 33139
			800004704518--4 -12/04/01--01067--008 ****750.00 ****750.00

REINSTATEMENT

2001

BR

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KNOTT, ROBERT
1630 W 24TH ST
MIAMI BEACH FL 33140

Name ROBERT KNOTT
Street Address (P.O. Box Number is Not Acceptable)
1330 WEST AVE
Suite, Apt. #, Etc.
1514
City MIAMI BEACH
State FL Zip Code 33139

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/24/01

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/24/01

CR2E040 (8/01)