

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000053437

1. Corporation Name

TAG TATTOO, INC.

2. Principal Office Address
1501 E ALTAMONTE DR

Suite, Apt. #, etc.

City & State
CASSELBERRY, FL

Zip
32730

Country
US

3. Mailing Office Address
1501 E ALTAMONTE DR

Suite, Apt. #, etc.

City & State
CASSELBERRY, FL

Zip
32730

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida **06/21/1986**

5. FEI Number **593391110**

Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

See 7th Edition of Form 1000 for details of status desired.

7. Name and Address of Current Registered Agent

Name
GARY GILLIS

Street Address (P.O. Box Number is Not Acceptable) **1501 E ALTAMONTE DR**

Suite, Apt. #, Etc.

City
CASSELBERRY

State
FL

Zip Code
32730

200073518912
05/01/06--01056--016

***1050.00**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0606 or 617.0603, F.S.

Signature of
Registered Agent *Gary Gillis*

GARY GILLIS

Date **4-11-2008**

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
PSTD	GARY GILLIS	1501 E ALTAMONTE DR	CASSELBERRY, FL 32730

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 contained in Chapter 119, 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: *Gary Gillis*

GARY GILLIS

Date **4-11-2008**

Daytime Phone # **407 965 6900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #