

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 NOV -5 AM 11:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96006685798 94AR

1. Corporation Name

T Total Tanning Inc.

Principal Place of Business

Mailing Address

1871 Wells Rd Suite 14  
O.P. Florida 32073

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

Oct. 1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

593410367

Applied For

Not Applicable

City & State

City & State

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)

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
Treas.	Sharon O'Donnell	1865 Wells Rd apt. 215	O.P. FL 32073
Secy.	Sharon O'Donnell	1865 Wells Rd apt. 215	O.P. FL 32073

900003046259--3  
-11/16/99--01090--019  
\*\*\*150.00 \*\*\*150.00  
TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Sharon O'Donnell  
1865 Wells Rd apt. 215  
O.P. fl. 32073

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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 Sharon O'Donnell  
REGISTERED AGENT MUST SIGN

Date 11/1/99

11. This corporation owes 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: Sharon O'Donnell Sharon O'Donnell 11/1/99 904)215-1933  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2001 (12/99)

✓ 10/11/99

To whom it may concern,

I would like to request a one time waiver of the re-activation fee, i never recieved any information by mail about annual reports that must be filled by the 1st of may each year. I am very sorry, and I promise now that i know I will stay up on the matter. Enclosed you will find a check for the \$150.00 and the annual Report, please contact me if any further reports or funds are needed in order to re-activate my Corporation.

T Total Tanning Inc.

1871 Wells Rd. Suite 14

O.P., Fl. 32073

Sincerely,

Sharon D. Donnell

1865 Wells Rd. apt. 215

O.P., Fl. 32073

hm. 904) 278-5968

wk. 904) 215-1933