

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY -6 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000043213

1. Corporation Name YUCATAN TAN OF FLORIDA, INC.

2. Principal Office Address
18479 US Highway 19 N.

Suite, Apt. #, etc.

3. Mailing Office Address
18479 US Highway 19 N.

Suite, Apt. #, etc.

City & State
Clearwater, FL

Zip
33764

City & State
Clearwater, FL

Zip
33764

**4. Date Incorporated or Qualified
To Do Business in Florida** 5/11/98

5. FEI Number 59-3511960

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Michele Jacobs

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

18479 US Highway 19 N.

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33764

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

Michele Jacobs

Date 4/ 30 /02

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
P, T	Michele Jacobs	18479 US Highway 19 N.	Clearwater, FL 33764
V, S	Thomas Wilson	18479 US Highway 19 N.	Clearwater, FL 33764

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 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:

Michele Jacobs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHELE JACOBS 4/ 30 /02 (727) 535-1188

Date

Daytime Phone #

CR2E081 (9/00)