

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

00 APR -3 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 98 000099880

1. Corporation Name

Florida Tanning Group, Inc.

2. Principal Office Address

12375 S. Cleveland Ave

3. Mailing Office Address

Suite, Apt. #, etc.

Ste 18

Suite, Apt. #, etc.

City & State

Ft. Myers, FL

City & State

Zip

33907

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3550608

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

MYERS, BRETT HOLTZ & COMPANY, P.A.

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

12671 Whitehall Drive

Suite, Apt. #, Etc.

City

Ft. Myers

State

FL

Zip Code

33907

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 3/31/00

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	Edward Streit	2480 GOLF TRAIL CT	AURORA, IL 60506
V	Joseph Unsinn	6709 SLOANE PL	NAPLES, FL 34104
T	JULIE STREIT	2480 GOLF TRAIL CT	AURORA, IL 60506
S	DIANA UNSINN	6709 SLOANE PL	NAPLES, FL 34104

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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOE UNSINN

3/31/00

Date

Daytime Phone #

(941)

939 1955

CR2E081 (9/99)