

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 MAR 14 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000099860**

1. Corporation Name

Florida Tanning Group, Inc.

700095147727
03/28/07--01021--002 **750.00

2. Principal Office Address - No P.O. Box #

12315 S. Cleveland Ave.
Suite, Apt. #, etc.

Suite 18

City & State

Fort Myers, FL

Zip Country
33907 USA

3. Mailing Office Address

12671 Whithenall Dr.
Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip Country
33907 USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida **11/30/1998**

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, Brent H. & Co., PA

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

12671 Whithenall Dr.

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33907

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 **2/28/07**

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
Pres	Edward J Streit	21505 Langdon Run	Estero FL 33928
VP	Julie D Streit	21505 Langdon Run	Estero FL 33928

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #