

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

CORPORATION
 2000-2001
 UBR

FILED

01 MAR 20 PM 2:05

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P990000099253

1. Corporation Name

Tanning Transistions, Inc.

2. Principal Office Address

14540 MLK Blvd

Suite, Apt. #, etc.

City & State

Alachua, FL

Zip
32615

Country
USA

3. Mailing Office Address

PO Box 1894

Suite, Apt. #, etc.

City & State

HIGH SPRINGS, FL

Zip

32655

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

January 99

5. FEI Number

59-3610871

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

Shauna L. Patton

200003912112

-03/27/01-01065-006

***300.00 ***300.00

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

7580 NE 50th Ave

Suite, Apt. #, Etc.

City

HIGH SPRINGS

State
FL

Zip Code

32655

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

Shauna L. Patton
 REGISTERED AGENT MUST SIGN

Date

2-20-01

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.	Shauna L. Patton	7580 NE 50th Ave	High Springs, FL 32655
V.P.	Jackie W. Patton	7580 NE 50th Ave	High Springs, FL 32655

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:

Shauna L. Patton
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-01

Date

904-418-2228

Daytime Phone #

CR2E081 (9/00)