**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 APR 14 PM 1:30

CR2E081 (12/05)

DOCUMENT # P96000053437

1. Corporation Name

TAG TATTOO, INC.

| 2. Principal Office Address | | 3. Mailing Office Address | |
|---|---|---|---|
| 1501 E ALTAMONTE DR | | 1501 E ALTAMONTE DR | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State: CASSELBERRY, FL | | City & State: CASSELBERRY, FL | |
| Zip: 32730 | Country: US | Zip: 32730 | Country: US |

4. Date Incorporated or Qualified To Do Business in Florida: 06/21/1996

5. FEI Number: 593391110 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 (Additional copies are $1.25 each.)

7. Name and Address of Current Registered Agent

Name: GARY GILLIS

Street Address (P.O. Box Number is Not Acceptable): 1501 E ALTAMONTE DR

Suite, Apt. #, Etc.:

City: CASSELBERRY | State: FL | Zip Code: 32730

200073518912
05/01/06--01056--016 **1050.00

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: X Gary Gillis GARY GILLIS Date: 4-11-2006
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 |
|---|---|---|---|
| PSTD | GARY GILLIS | 1501 E ALTAMONTE DR | CASSELBERRY, FL 32730 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

B 4/14/06
STATE

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: X Gary Gillis GARY GILLIS 4-11-2006 407 965 6900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #