

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # P00000045403

1. Corporation Name

LOVELY NAILS SALON, INC.

2. Principal Office Address

12237 W.LINEBAUGH AVE. 16912 RAVENRIDGE PL.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

TAMPA, FL.

City & State

LUTZ, FL.

Zip

33626

Country

U.S.A.

Zip

32549

Country

U.S.

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/5/2000

5. FEI Number

593594400

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

JULIE TUJET NGUYEN

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

16912 RAVEN RIDGE PLACE

Suite, Apt. #, Etc.

City

LUTZ

State

FL

Zip Code

33549

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**

Julie N Nguyen

REGISTERED AGENT MUST SIGN

Date

10/7/04

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.	JULIE TUJET NGUYEN	16912 RAVEN RIDGE PLACE LUTZ, FL. 33549	

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:

Julie N Nguyen / JULIE TUJET NGUYEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/7/04

Daytime Phone #

813-8187339

FILED

04 OCT 12 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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