

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000047876

1. Entity Name
NAILS BY CREATIVE, INC.



FILED
03 JAN 18 AM 12:16

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Principal Place of Business
**3160 SW 13 STREET #2
MIAMI, FL 33145**

Mailing Address
**3160 SW 13 STREET #2
MIAMI, FL 33145**



2. Principal Place of Business
3920 W 12 AVE
Suite, Apt. #, etc.

3. Mailing Address
3920 W 12 AVE
Suite, Apt. #, etc.

01172008 REIN-P CR2E098 (11/05)

City & State
Hialeah FL

City & State
Hialeah

Zip
33012 Country
US

Zip
33012 Country
US

4. FEI Number
65-1129805

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**IZAQUIRRE, NIMIAN F
3160 SW 13 STREET #2
MIAMI, FL 33145**

7. Name and Address of New Registered Agent
Name
ADDRESS CHANGE ONLY

Street Address (P.O. Box Number is Not Acceptable)
3920 W 12 AVE

Hialeah FL

City
FL Zip Code
33012

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:

DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IZAQUIRRE, NIMIAN F 3160 SW 13 STREET #2 MIAMI, FL 33145	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition address change 3920 W 12 AVE Hialeah FL 33012
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition address change 3920 W 12 AVE Hialeah FL 33012
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition address change 3920 W 12 AVE Hialeah FL 33012
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition address change 3920 W 12 AVE Hialeah FL 33012
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 000065112248 02/03/06--01004--025 **300.00
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR