## 2004 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DOCUMENT # P03000020415** 2005 FEB 28 PM 12: 48 TAMI NAILS, INC. Principal Place of Business Mailing Address 5600 W. COLONIAL DRIVE 5600 W. COLONIAL DRIVE SUITE 304 SUITE 304" ORLANDO, FL 32808 ORLANDO, FL 32808 2. Principat Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. CR2E098 (6/04) Applied For City & State City & State 4. FEI Number Not Applicable Country Zio Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NGUYEN, TAM T Street Address (P.O. Box Number is Not Acceptable) 1698 RACHEL RIDGE LOOP OCOEE, FL 34761 City Zip Code FL 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 Signature, typed or printed name of registered agent and tille if applicable (NDTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE NGUYEN, TAM T NAME NAME 035282465460450.00 1698 RACHEL RIDGE LOOP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCOEE, FL 34761 CITY-ST-ZIP Change TITLE ☐ Defete TITLE ☐ Addition NGUYEN, HA T NAME STREET ADDRESS 1698 RACHEL RIDGE LOOP STREET ADDRESS ORLANDO, FL 34761 CITY-ST-ZIP CITY - ST - 7LP ☐ Delete TITLE Сhange Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP .. TITLE Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Date

Daytime Phone #