

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

98 APR 18 PM 2:59

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # *P96000094300*

1. Corporation Name  
*LADYFINGER'S NAIL SALON*

Principal Place of Business Mailing Address  
*6169 JOG RD C-6  
 LAKE WORTH, FL 33467*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip	Country	Zip	Country		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
<i>P</i>	<i>RHONDA RECUPERO</i>	<i>5795 TARRAGON DR</i>	<i>W. PALM BCH, FL 33415</i>
<i>VP</i>	<i>ANTHONY RECUPERO</i>	<i>5795 TARRAGON DR</i>	<i>W. PALM BCH, FL 33415</i>
<i>SEC</i>	<i>ANGELA RODRIGUEZ</i>	<i>7827 OAKMONT DR</i>	<i>LAKE WORTH, FL 33467</i>

**REINSTATEMENT 97-98**

*G. Alamy*  
*4/18/98*

8. Name and Address of Current Registered Agent

*RHONDA RECUPERO  
 % LADYFINGER'S NAIL SALON  
 6169 JOG RD C-6  
 LAKE WORTH, FL 33467*

9. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
*500002494085--8*  
 Suite, Apt. #, Etc. *04/21/98 01033--014*  
 City State Zip Code  
*\*\*\*\*900 00 \*\*\*\*900-00*  
**FL**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *[Signature]*  
 REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

(See other side for information on intangible tax.)

12. 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)(j), 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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

189-1 07025200 (1-98)