


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

04 MAY 13 PM 5:50

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P98000006149

1. Corporation Name

NAIL TRIX, INC.

Principal Place of Business	Mailing Address
12801 W. SUNRISE BLVD., STE. 960 SUNRISE FL 33323	NAIL TRIX, INC. 8234 GOVERNOR RIDGELY LN ELLCOTT CITY MD 21043



REINSTATEMENT 07-04

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	01/20/1998
5. FEI Number	52-2122883
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status


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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPT	NGUYEN, PHONG V	12801 W. SUNRISE BLVD., STE. 960	SUNRISE FL 33323
DVS	NGUYEN, THAY T	12801 W. SUNRISE BLVD., STE. 960	SUNRISE FL 33323

400033162764
 04/20/04--01058--028 **758.75
 400033162764
 05/25/04--01010--016 **150.00


8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
NGUYEN, PHONG V 12801 W. SUNRISE BLVD., STE. 960 SUNRISE FL 33323	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City
	State
	FL
	Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent:  REGISTERED AGENT MUST SIGN

Date: 4/10/04

11. 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/10/04

Daytime Phone #: 410 203 9426

CR2E040 (7/03)