

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC 26 PM 4: 48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000006149

1. Corporation Name

NAIL TRIX, INC

[Handwritten Signature]

REINSTATEMENT 05-07
GR2E081 (1/07)

WOP

2. Principal Office Address - No P.O. Box #

12801 W. Sunrise Blvd

Suite, Apt. #, etc.
960

City & State
Sunrise - FL

Zip Country
33323 Broward

3. Mailing Office Address

8324 Governor Ridgely Ln.

Suite, Apt. #, etc.

City & State
Ellicott City - MD

Zip Country
21043 Howard

4. Date Incorporated or Qualified
To Do Business in Florida

Jan 20, 1998

5. FEI Number

522122883

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NGUYEN, PHONG V.

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

12801 W. Sunrise Blvd

Suite, Apt. #, Etc.

960

City

SUNRISE

State

FL

Zip Code

33323

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

12/21/07

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
DPT	NGUYEN, PHONG V.	12801 W. Sunrise Blvd	Sunrise - FL 33323
DVS	NGUYEN, THAY T.	12801 W. Sunrise Blvd	Sunrise - FL 33323

800113389358
12/26/07--01004--015 **450.00

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 contained in Chapter 119, 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:

[Handwritten Signature]
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/21/07
Date

4023-9426
Daytime Phone #