PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 MAR 29 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

600031350886
03/29/04--01083--005 **1050.00

DOCUMENT # P99000022219

1. Corporation Name
A 1 LOVELY NAILS SALON. Corp

2. Principal Office Address	3. Mailing Office Address
12237 W. Linebaugh Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA	City & State: FLORIDA
Zip: 33626 County: HILLSBOROUGH	Zip: County: USA

4. Date Incorporated or Qualified to Do Business in Florida: 6/99

5. FEI Number: 59-3594400 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name: JULIE T. NGUYEN
Street Address (P.O. Box Number is Not Acceptable): 16912 RAVEN RIDGE PL
Suite, Apt. #, Etc.:
City: LUTZ State: FL Zip Code: 33549

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: Tuyet N Nguyen Date: 03/24/04
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PVST	JULIE T. NGUYEN	16912 RAVEN RIDGE PL	LUTZ FL 33549
		REINSTATEMENT	03/24/04

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 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: Tuyet N Nguyen / JULIE TUYET NHUNG NGUYEN 03/24/04 (813) 818-7339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #