

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV 27 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H35892

1. Corporation Name
NAILITE, INC.

300009239683
11/27/02--01040--017 **1715.00

2. Principal Office Address
4530 N HIATUS ROAD

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SUNRISE FL

City & State

Zip Country
33351 US

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59-2498605

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
RONALD BANNETT

Street Address (P.O. Box Number is Not Acceptable)
4530 N HIATUS ROAD

Suite, Apt. #, Etc.

City
SUNRISE

State Zip Code
FL 33351

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 *Ronald Barnett Pres.*
REGISTERED AGENT MUST SIGN

Date *11/21/02*

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
P D	RONALD BANNETT	4530 N HIATUS RD	SUNRISE, FL 33351
VP D	LINDA BANNETT	4530 N HIATUS RD	SUNRISE, FL 33351

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: *Ronald Barnett Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *11/21/02*

Daytime Phone #

CR2E081 (9/01)

gr 12/4/02

NAILITE INC.
4530 NO. HIATUS ROAD
SUNRISE, FL. 33351
(305) 741-2924

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

GENTLEMEN:

ENCLOSED PLEASE FIND REINSTATEMENT FORM FOR NAILITE, INC.
ALSO ENCLOSED IS THE PRINTOUT FROM THE STATE SHOWING THAT THE
FORMS WERE SENT TO 8316 W. OAKLAND PARK BLVD, SUNRISE, FL 33351.
WE NEVER RECEIVED THE FORMS SINCE 1993 AND THEREFORE REQUEST
WAIVING THE PENALTY FEES FOR THESE YEARS.

ENCLOSED IS A CHECK IN THE AMOUNT OF \$ 1,715 FOR THE BACK YEARS
FEES.

YOURS TRULY,

Ronald Barnett Pres