


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

|   |   |
|---|---|
| DOCUMENT # J53680                         |  |
| 1. Entity Name<br>NAILS PLUM INCORPORATED |   |

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 APR 15 AM 10:04

|   |   |
|---|---|
| Principal Place of Business<br>3216 WEST COMMERCIAL BLVD<br>FT. LAUDERDALE, FL 33309-3417 | Mailing Address<br>3216 WEST COMMERCIAL BLVD<br>FT. LAUDERDALE, FL 33309-3417 |
|---|---|

REINSTATEMENT 04-05



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| 2. Principal Place of Business<br>2020 WEST MC NEE RD<br>Suite, Apt. #, etc. | 3. Mailing Address<br>3350 GREENVIEW TERR<br>Suite, Apt. #, etc. |
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04132005 REIN-P CR2E098 (6/04)

|                                  |                            |
|----------------------------------|----------------------------|
| City & State<br>FT LAUDERDALE FL | City & State<br>MARGATE FL |
| Zip<br>33309                     | Zip<br>33063               |

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>59-2210914 | Applied For<br><input type="checkbox"/> Not Applicable |
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|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

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| 6. Name and Address of Current Registered Agent<br>BARSTOW, BARBARA N.<br>3216 WEST COMMERCIAL BLVD<br>FT. LAUDERDALE, FL |
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|---|
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>3350 GREENVIEW TERR EAST<br>City<br>MARGATE FL Zip Code<br>33063 |
|---|

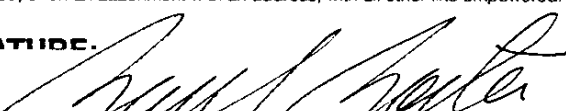
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  BARBARA N. BARSTOW 4-11-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|                             |
|-----------------------------|
| FILE NOW!!! FEE IS \$900.00 |
|-----------------------------|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PSD<br>BARSTOW, BARBARA<br>3216 WEST COMMERCIAL BLVD.<br>FT. LAUDERDALE, FL 333093417 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 3350 GREENVIEW TERR E<br>MARGATE FL 33063 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 900054346279<br>05/12/05--01081--018 **900.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE 

4-11-05