

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
L01000017072

1. DOCUMENT # L01000017072
Name and Mailing Address

03 DEC 16 AM 10:30

LR 12/29

0011923 01 AT 0.292 **AUTO T4 0 0615 33414-101918

KIM'S NAILS, LLC
14418 WELLINGTON TRACE
WELLINGTON FL 33414-1019



REINSTATEMENT

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/02/2001	
Principal Place of Business 14418 WELLINGTON TRACE WELLINGTON FL 33414	3. New Principal Place of Business Address City, State, Zip	6. FEI Number NOT APPLICABLE	Applied For Not Applicable
8. Name and Address of Current Registered Agent TROJAN, R.W. 14418 WELLINGTON TRACE WELLINGTON FL 33414		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City FL Zip Code	

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.
Signature of Registered Agent: *[Signature]* **REQUIRED** Date: 10 DEC 09
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	TROJAN, KIM	14418 WELLINGTON TRACE	WELLINGTON FL 33414
MGRM	TERRY, KATHERINE M	14418 WELLINGTON TRACE	WELLINGTON FL 33414
MGRM	TROJAN, ROBERT W	14418 WELLINGTON TRACE	WELLINGTON FL 33414
2003			
REINSTATEMENT			
700025532077 12/16/09 01055 023 **150.00			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: *[Signature]* Date: 10 DEC 09 Daytime Phone # 561-236-1196
Typed or printed name of signing Managing Member/Manager:

CR2E084 (7/03)