

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
L01000017072  
FLORIDA DEPARTMENT OF STATE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

1. DOCUMENT # L01000017072

03 DEC 16 AM 10:30

12/29

Name and Mailing Address

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



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



REINSTATEMENT 2003

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
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent TROJAN, R.W. 14418 WELLINGTON TRACE WELLINGTON FL 33414	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 03

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

700025532077  
12/16/03 01055 023 \*\*150.00

REINSTATEMENT

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 03 Daytime Phone # 561-236-1196

Typed or printed name of signing Managing Member/Manager