

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000071287

1. Limited Liability Company's Name

Nails Expo, LLC

2. Principal Office Address - No P.O. Box #

7614 St. Stephens Court

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip
32835

Country
USA

3. Mailing Office Address

7614 St. Stephens Court

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip
32835

Country
USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 07/15/2005

6. FEE Number
20-3174280

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Jeffrey M. Koltun, Esquire

Street Address (P.O. Box Number is Not Acceptable)

557 N. Wymore Road

Suite, Apt. #, Etc.
Suite 100

City
Maitland

State
FL

Zip Code
32751

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. 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

REGISTERED AGENT MUST SIGN

Date November 15, 2007

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MMR	Tuan Minh Trieu	7614 St. Stephens Court	Orlando, Florida 32835

REINSTATEMENT 2006-2007

11. 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

Tuan Minh Trieu

Date 11/15/07

Daytime Phone # 407-864-1736

Typed or printed name of signing Managing Member/Manager Tuan Minh Trieu, Managing Member



CORPORATION SERVICE COMPANY

L05000071287

ACCOUNT NO. : 072100000032

REFERENCE : 320940 7133468

AUTHORIZATION

COST LIMIT \$ 100.00

ORDER DATE : November 15, 2007

ORDER TIME : 4:02 PM

ORDER NO. : 320940-005

CUSTOMER NO: 7133468

DOMESTIC FILINGS

NAME: NAILS EXPO, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kimberly Moret - Ext# 2949

EXAMINER'S INITIALS

RECEIVED

07 NOV 15 PM 4:19

File First

FILED

07 NOV 15 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA