

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 11 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000082729

1. Limited Liability Company's Name

DELRAY NAILS LLC

300177639023
04/26/10--01005--009 **100.00

CR2E041 (11/09)

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

3. Mailing Office Address

Suite, Apt. #, etc.

4055 W ATLANTIC AVE

City & State

DELRAY BEACH FL

Zip

33445 WEST PALM

Country

Suite, Apt. #, etc.

4055 W ATLANTIC AVE

City & State

DELRAY BEACH FL

Zip

33445 WEST PALM

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

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

TRAN DUNG

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

9543 CAMPI DR

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33467

☐ 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 4-22-10

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
MGR	NGUYEN PHU	9543 CAMPI DR	LAKE WORTH FL 33467
MGRM	TRAN DUNG	9543 CAMPI DR	LAKE WORTH FL 33467

300177639023
05/11/10--01006--025 **693.75

REINSTATEMENT 06-10

11. E-mail Address:

(To be used for future annual report notifications)

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

Date 4-22-10

Daytime Phone # 561 4368156

Typed or printed name of signing Managing Member/Manager

MAY 11 2010