

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000014273

Entity Name: NAILS SHOP, LLC

FILED  
Oct 28, 2008  
Secretary of State

**Current Principal Place of Business:**

8841 COLLEGE PARKWAY  
SUITE 104  
FORT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

C/O HIEU LE & ASSOCIATES, INC.  
5085 BUFORD HWY NE  
DORAVILLE, GA 30340 11

**New Mailing Address:**

FEI Number: 20-4270584      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MAI, PHUNG Q  
8841 COLLEGE PARKWAY  
SUITE 104  
FORT MYERS, FL 33919 US

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.

SIGNATURE: PHUNG MAI

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DUONG, HONGLOAN T  
Address: 8841 COLLEGE PKWY., SUITE 104  
City-St-Zip: FORT MYERS, FL 33919

Title: MGRM ( ) Delete  
Name: MAI, PHUNG Q  
Address: 8841 COLLEGE PKWY., SUITE 104  
City-St-Zip: FORT MYERS, FL 33919

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PHUNG MAI

MGRM

10/28/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date