

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 JAN -9 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600217686626
01/10/12--01012--003 **138.75

CR2E041 (1/11)

DOCUMENT # **LOG000064900**

1. Limited Liability Company's Name

CREATIVE NAILS LLC

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

1360 SW 160TH AVE

Suite, Apt. #, etc.

City & State

SUNRISE, FL

Zip

33326

Country

USA

3. Mailing Office Address

1360 SW 160TH AVE

Suite, Apt. #, etc.

City & State

SUNRISE, FL

Zip

33326

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified To Do Business in Florida

6/26/06

6. FEI Number

205 156 158

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 **KIM VO**

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

13365 NW 1ST CT

Suite, Apt. #, Etc.

102

City **PLANTATION**

State **FL**

Zip Code **33325**

E-mail Address:

900215451589

12/27/11--01049--026 **238.75

VOKIM128@YAHOO.COM
(To be used for future annual report notices)

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

[Handwritten Signature]

Date **12/20/11**

REGISTERED AGENT MUST SIGN

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	KIM VO	13365 NW 1ST CT #102	PLANTATION FL 33325
MGM	LUAN DINH	13365 NW 1ST CT #102	PLANTATION, FL 33325
REINSTATEMENT 2010 - 2012			
DB			

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager

[Handwritten Signature]

Date **12/20/11**

Daytime Phone # **954 389 5477**

Typed or printed name of signing Managing Member/Manager



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 30, 2011

CREATIVE NAILS LLC
1360 SW 160TH AVE
SUNRISE, FL 33326

SUBJECT: CREATIVE NAILS, LLC
Ref. Number: L06000064900

We have received your document for CREATIVE NAILS, LLC and your check(s) totaling \$238.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2010 through 2011; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$377.50.

Any reinstatement application received after January 1st must include the fees for next year's annual report. Please be sure to include an additional \$ if your reinstatement is submitted after January 1st.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 911A00028956