

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000025812

FILED
Oct 28, 2008
Secretary of State

Entity Name: NAIL FEVER III, LLC

Current Principal Place of Business:

2850 N.E. 8TH STREET
SUITE B-7
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

13456 SW 118 PASSAGE
MIAMI, FL 33186

New Mailing Address:

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

FEI Number: 26-0477981 **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:

CHAU, VIET L Q L
13456 SW 118 PASSAGE
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

CHAU, VIET L
13456 SW 118 PASSAGE
MIAMI, FL 33186 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: VIET CHAU

10/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: THAI, CHAU K
Address: 13456 S.W. 118TH STREET PASSAGE
City-St-Zip: MIAMI, FL 33176

Title: MGRM () Delete
Name: CHAU, VIET L
Address: 13456 S.W. 118TH STREET PASSAGE
City-St-Zip: MIAMI, FL 33176

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: VIET L Q CHAU

MGRM

10/28/2008

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