

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000112630

1. Limited Liability Company's Name

FLORIDA HEAVENLY NAILS SALON LLC

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

8851 MITCHELL BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

8851 MITCHELL BLVD

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY, FL

City & State

NEW PORT RICHEY, FL

Zip

34652

Country

US

Zip

34652

Country

US

4. State/Country of Formation

FL/US

5. Date Organized or Qualified
To Do Business in Florida

12/08/2008

6. FEI Number

20-0973643

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

AI DINH

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

2507 SHIPSTON AVE

Suite, Apt. #, Etc.

City

NEW PORT RICHEY

State

FL

Zip Code

34655

E-mail Address:

200211209002
08/18/11--01035--021 *377.50**

JOY_ANDERSON2003@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

Date

8/30/11

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
MGRM	LINH THI PHAM	2507 SHIPSTON AVE	NEW PORT RICHEY, FL 34655
MGR	AI HUU DINH	2507 SHIPSTON AVE	NEW PORT RICHEY, FL 34655

REINSTATEMENT 10,11

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

Date

9/1/11

Daytime Phone #

727-26-8799

Typed or printed name of signing Managing Member/Manager **LINH PHAM**