M02000001940

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 24, 2006 8:00 A
Secretary of State

CR2E041 (8/05)

DOCUMENT # M02000001940

1. Limited Liability Company's Name

REGAL NAILS, L.L.C.

04

2. Principal Office Address	**3.** Mailing Office Address
11488 S. Choctaw Dr.	11488 S. Choctaw Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Baton Rouge, LA	Baton Rouge, LA
Zip: 70815 / Country	Zip: 70815 / Country

4. State/Country of Formation: Louisiana

5. Date Organized or Qualified To Do Business in Florida: 7/25/2002

6. FEI Number: 72-1322758 ☐ 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: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET 000075196300

Suite, Apt. #, Etc.:

City: TALLAHASSEE | State: FL | Zip Code: 32301-2525

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: [signature] Troy Todd as its agent — REGISTERED AGENT MUST SIGN — Date: 5-24-2006

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	Quy T. Ton	11488 S. Choctaw Dr.	Baton Rouge, LA 70815
MGRM	Bo Van Huynh	11488 S. Choctaw Dr.	Baton Rouge, LA 70815

REINSTATEMENT 2004-2006

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.

Signature of Managing Member/Manager: [signature] Date: May 9, 2006 Daytime Phone #: 225-906-0565

Typed or printed name of signing Managing Member/Manager: Quy T. Ton, Member-manager

CORPORATION SERVICE COMPANY

M02U00001940

ACCOUNT NO. : 072100000032

REFERENCE : 128864 7215036

AUTHORIZATION :

COST LIMIT : $ 250.00

FILED
2006 MAY 23 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : May 23, 2006

ORDER TIME : 9:32 AM

ORDER NO. : 128864-005

CUSTOMER NO: 7215036

RECEIVED
06 MAY 24 AM 11:53
DIVISION OF CORPORATION

REINSTATEMENT

NAME: REGAL NAILS, L.L.C.

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS _____