


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


1052

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|--|--|--|--|
| <b>CORPORATION<br/>REINSTATEMENT</b>   |  |   | <b>FLORIDA DEPARTMENT OF STATE<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b> |
| <b>DOCUMENT #</b> ELEGANT NAILS SPA<br>1. Corporation Name<br># P000000001555  |  |  |  |
| 2. Principal Office Address<br>425 S. AVALON PARK BLVD<br>Suite, Apt. #, etc.<br>A4<br>City & State<br>ORLANDO FL<br>Zip<br>32828<br>Country<br>US |  | 3. Mailing Office Address<br>9053 TUSCAN VALLEY PL<br>Suite, Apt. #, etc.<br>City & State<br>ORLANDO FL<br>Zip<br>32825<br>Country<br>US |  |
|  |  | 4. Date Incorporated or Qualified To Do Business in Florida<br>01/01/2000  |  |
|  |  | 5. FEI Number<br>59-3605281  |  |
|  |  | 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status          |  |

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TALLAHASSEE, FLORIDA


REINSTATEMENT 04-06

|   |                                  |
|---|----------------------------------|
| 7. Name and Address of Current Registered Agent                             |                                  |
| Name<br>PHONG DEO   |                                  |
| Street Address (P.O. Box Number is Not Acceptable)<br>9053 TUSCAN VALLEY PL |                                  |
| Suite, Apt. #, Etc.   |                                  |
| City<br>ORLANDO   | State<br>FL<br>Zip Code<br>32825 |

|  |                   |
|--|-------------------|
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. |                   |
| Signature of Registered Agent<br><br>REGISTERED AGENT MUST SIGN           | Date<br>7-11-2006 |

|   |                                   |  |                    |
|---|-----------------------------------|--|--------------------|
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) |                                   |  |                    |
| Titles  | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
| PRESIDENT   | PHONG DEO                         | 9053 TUSCAN VALLEY PL                          | ORLANDO FL 32825   |
| VICE PRESIDENT  | TITANH PHAM                       | 9053 TUSCAN VALLEY PL                          | ORLANDO FL 32825   |
|   |                                   |  |                    |
|   |                                   |  |                    |
|   |                                   |  |                    |
|   |                                   |  |                    |

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|---|--|
| 10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:<br><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   | Date<br>7/11/06<br>Daytime Phone #<br>407 924 7986 |

2022

Florida Department of State

re: Elegant Nails & Spa Inc.  
9053 Tuscan Valley Place  
Orlando, FL 32835

Gentlemen:

We are writing this letter to request that we not be charged a penalty to reinstate our Corporate Name. We did not receive your notice for the annual corporate filing. We are correcting our lack of filing as soon as we found out we had not filed.

Please accept our check for \$450.00 as payment in full.