

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV 17 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000028756

1. Corporation Name

SWAMI ON A NAIL, INC.

Principal Place of Business

816 ELM FOREST DR.
CLERMONT FL 34711

Mailing Address

816 ELM FOREST DR.
CLERMONT FL 34711

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

2330 CALEDONIAN ST.

City & State
CLERMONT FL

Zip Country
34711 USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

P.O. BOX 1447

City & State
MINNEOLA, FL

Zip Country
34755 USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/15/2000

5. FEI Number

59-3633650

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	POOL, DAVE	816 ELM FOREST DRIVE 2330 CALEDONIAN ST	CLERMONT FL 34711
VP	POOL, KAREN	816 ELM FOREST DRIVE 2330 CALEDONIAN ST	CLERMONT FL 34711

700024723747
11/17/03--01003--005 **150.00

8. Name and Address of Current Registered Agent

POOL, DAVE
816 ELM FOREST DRIVE 2330 CALEDONIAN ST.
CLERMONT FL 34711

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

David Pool

REGISTERED AGENT MUST SIGN

Date 11/10/03

11. 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 under section 119.07(3)(i), 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:

David Pool

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/10/03

Daytime Phone #

CFR2040 (7/03)

November 10, 2003

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

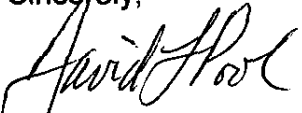
To Whom It May Concern:

We are requesting the reinstatement fee of \$750 be dismissed. Due to the incompetence of our local Clermont Post Office (which we have struggled with for years), we have not received any prior notices or paperwork for reinstatement. The notice was hand delivered to me by the person that the post office delivered it to in error.

Please note on the form that we have a post office box as our primary mailing address. Please make sure that ALL notices and correspondence is addressed to our post office box. If not, there is a very good chance we will never receive it.

Thank you for your assistance.

Sincerely,



David and Karen Pool
Swami on a Nail, Inc.

c: File

Enclosed Check + Form