

FILED
Mar 30, 2006 08:00 AM
Secretary of State

1- Entity Name
NAILS FOR HER, INC.



Mailing Address
5050-2 SUNBEAM ROAD
JACKSONVILLE, FL 32257

4. FEI Number	Applied For
59-3616813	Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

NGUYEN, LAN T
9634 BROKEN OAK BLVD
JACKSONVILLE, FL 32257

**DO NOT WRITE
IN THIS SPACE**

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

TITLE	PS
NAME	NGUYEN, LAN T
STREET ADDRESS	5050-2 SUNBEAM ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32257

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-CP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

14-00000-80000-000 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TITLED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2317

Daytime Phone # _____