

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 MAY 22 AM 11:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P0000058010

1. Corporation Name  
The Nail Touch of Brandon Inc

**REINSTATEMENT**

01-02

2. Principal Office Address  
2113 E 93 Ave

3. Mailing Office Address  
2113 E 93 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Tampa FL 33612

City & State  
Tampa FL

Zip Country  
33612 Hillsborough

Zip Country  
33612

4. Date Incorporated or Qualified To Do Business in Florida  
6-8-2000

5. FEI Number  
59-364-8010

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Leonard H Smith

Street Address (P.O. Box Number is Not Acceptable)  
2113 93RD Ave

Suite, Apt. #, Etc.

000005694600-7  
-06/06/02--01054--03  
\*\*\*\*900.00 \*\*\*\*900.00

City  
Tampa

State  
FL

Zip Code  
33612

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  
*Leonard H Smith*

REGISTERED AGENT MUST SIGN

Date  
4/20/2002

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
P	Leonard H Smith	2113 93rd Ave	Tampa FL 33612

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 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: *Leonard H Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date  
4/20/2002

(912)

930 0750  
Daytime Phone #

CR2E081 (9/99)