

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 15 AM 9:26

DOCUMENT # P00000070217

1. Corporation Name

Lauderdale Nail School, Inc.

2. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

U.S.A.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

33309

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

07/24/2000

5. FEI Number

65-1037875

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

CLIFTON H. RODRIGUEZ, CPA

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

3146 N.W. 68 Street

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33309

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

CLIFTON H. RODRIGUEZ

REGISTERED AGENT MUST SIGN

Date 10/11/2001

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
PSD	Russell McKinney	3146 N.W. 68 Street	Ft. Lauderdale, FL 33309
EVP/D	Denver "Yip" South	3146 N.W. 68 Street	Ft. Lauderdale, FL 33309
Board Advisor	CLIFTON H. RODRIGUEZ, CPA	3146 N.W. 68 Street	Ft. Lauderdale, FL 33309

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/11/01 (954) 802-3998

Daytime Phone #