

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP 21 AM 8:00

DOCUMENT # P00000082105

1. Corporation Name

J & N NAILS SALON, INC.

REINSTATEMENT

03-04
MKD

700041224317
09/21/04--01077--001 **300.00

2. Principal Office Address

1665 W 49th St

Suite, Apt. #, etc.

1468

City & State

HALEAH FL

Zip

33012

Country

U.S.A

3. Mailing Office Address

18691 SW 39th Ct

Suite, Apt. #, etc.

City & State

MIRAMAR FL

Zip

33029

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/25/00

5. FEI Number

65-1038538

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

JAKE HOANG

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

18691 SW 39th Ct

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33029

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

Date 9/20/04

REGISTERED AGENT MUST SIGN

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
Pres.	JAKE HOANG	18691 SW 39th Ct	Miramar FL 33029
Sec.	NIKKI HOANG	18691 SW 39th Ct	Miramar FL 33029

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

9/20/04

Date

954-558-0492

Daytime Phone #

CR2E081 (07/04)