

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

07 NOV 16 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 00000082105

1. Corporation Name

J & N NAILS SALON, INC.

W07-54897

2. Principal Office Address - No P.O. Box #
1665 W 49TH ST

3. Mailing Office Address
14839 SW 39TH ST

Suite, Apt. #, etc.
1468

Suite, Apt. #, etc.

City & State
HIALEAH, FL

City & State
DAVIE, FL

Zip
33012

Country
US

Zip
33331

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida

08/25/2000

5. FEI Number
651038538

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)
14839 SW 39TH ST

Suite, Apt. #, Etc.

City
DAVIE

State
FL

Zip Code
33331

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 10/29/07

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
S	NIKKI HOANG	14839 SW 39TH ST	DAVIE, FL 33331
P	JAKE HOANG	14839 SW 39 th ST	DAVIE, FL 33331
			300111649173
			11/02/07--01056--005 **450.00

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 contained in Chapter 119, 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

JAKE HOANG

Date

10/29/07

Daytime Phone #

954-558-0492