

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 NOV -6 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000002251

1. Corporation Name

NAIL 2K, INC.

Principal Place of Business

Mailing Address

4218 NORTHLAKE BLVD
PALM BEACH BLVD FL 33410

4218 NORTHLAKE BLVD
PALM BEACH BLVD FL 33410

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/02/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CHAU, LOI	4218 NORTHLAKE BLVD	PALM BEACH BLVD FL 33410

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHAU, LOI
4118 NORTHLAKE BLVD
PALM BEACH BLVD FL 33410

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (9/02)

NAIL 2K, INC.
4218 NORTHLAKE BLVD.
PALM BEACH GARDENS, FL 33410
561-691-0200

October 31, 2002

Florida Department of State
Division of Corporations

To Whom It May Concern:

We received the 2002 Uniform Business Report and sent it in before May 1, 2002.
We have not heard anything from your department until now. Would you please
waive the late fees and except our check for \$150.00.

Please also change our city address to Palm Beach Gardens, FL.

Sincerely,

A handwritten signature in cursive script, appearing to read "Orlando", is written over a horizontal line.