

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000007098

1. Entity Name
MODERN NAILS ENTERPRISES, INC.



Principal Place of Business
10067 W HILLSBOROUGH AVE
TAMPA, FL 33615

Mailing Address
9004 WESTBAY BLVD
TAMPA, FL 33615

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12022005

REIN-P

CR2E098 (6/04)

4. FEI Number

59-3693048

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NGUYEN, TRA T
9004 WESTBAY BLVD
TAMPA, FL 33615

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**-FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D
NGUYEN, TRA T
STREET ADDRESS
9004 WESTBAY BLVD
CITY- ST- ZIP
TAMPA, FL 33615 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
000062331670
12/21/05--01037--024 **150.00

TITLE
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NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/13/05 813-630-4820

MODERN NAILS ENTERPRISES INC.

10067 W. Hillsborough Ave.

Tampa, FL 33615

12/13/05

Office of the Secretary of State
Division of Corporation
P.O Box 6327
Tallahassee, FL 32314
Attn: Reinstatement

Re: FED # 59-3693048

Dear Sir,

Enclosed is the form to reinstate Modern Nails Enterprises, Inc. and our check of \$150.00 for the fee. We request that the additional \$600 late fee(total \$750.00) be waived because we never received the original postcard, and the original form. Evidently, the postcard must have been lost. In addition, we sent for this enclosed form two months ago and only received it now. In the future, please send the form itself to the above address and omit sending the postcard.

Thank you,



Tra Nguyen