

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000018110**

1. Corporation Name

JOYCE NAILS, CORP.

Principal Place of Business

Mailing Address

**13900 S W 160TH AVENUE
MIAMI FL 33196**

**13900 S W 160TH AVENUE
MIAMI FL 33196**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/16/2001

5. FEI Number

65-1080614

Applied For

Not Applicable

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
PD	GUERRIER, IMMACULA	13900 S W 160TH AVENUE	MIAMI FL 33196

900027011769
01/15/04--01020--019 **300.00

REINSTATEMENT 03-04

TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**GUERRIER, IMMACULA
13900 S W 160TH AVENUE
MIAMI FL 33196**

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

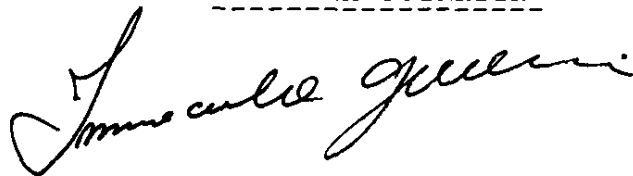
CR20040 (7/03)

JANUARY , 200A

TO WHOM IT MAY CONCERN, THIS IS TO CERTIFY THAT I IMMACULA GUERRIER
OWNER OF JOYCE NAILS,CORP NEVER RECEIVED THE CORPORATION FORM SO
THEREFORE I AM SENDING YOU A CHECH FOR THE AMOUNT OF THREE(HUNDRED
(300.00) FOR THE YEAR OF 2003 AND THE YEAR OF 200A
THANK YOU.

VERY TRULY YOURS,

IMMACULA GUERRIER

A handwritten signature in cursive script, reading "Immacula Guerrier", written over a horizontal dashed line.