

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE

CORPORATION
REINSTATEMENT

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -7 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000022478

1. Corporation Name

PHENOM A NAILS, HAIR, SKIN & SPA, INC.

2. Principal Office Address

81 SW 6TH STREET

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

Zip

33060

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

03/15/01

5. FEI Number

65-1089726

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

SHERRI M. BROWN

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

93 SW THIRD STREET

Suite, Apt. #, Etc.

City

POMPANO BEACH

State
FL

Zip Code
33060

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

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
P/D	SHERRI M. BROWN	93 SW THIRD STREET	POMPANO BEACH, FL 33060

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

SHERRI M. BROWN

SHERRI M. BROWN

PRES.

Date

Daytime Phone #

PHENOM A NAILS, HAIR, SKIN & SPA, INC.
81 SW SIXTH STREET
POMPANO BEACH, FL 33060

November 4, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Phenom A Nails, Hair, Skin & Spa, Inc.
Doc. No. P01000022478

Dear Sir or Madam:

We are herewith enclosing the completed Corporation Reinstatement Form. We respectfully request a waiver of the reinstatement fee. We are enclosing our check in the amount of \$150.

We did not receive the original mailing of the Corporate Annual Report or any other mailing until we received the notice of dissolution

We appreciate your consideration of this waiver. Thank you.

Sincerely,

PHENOM A NAILS, HAIR, SKIN & SPA, INC.

Sherri M. Brown
President/Director

Enclosures