PLEASE READ ALL INSTRUCTIONS B[illegible]RE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMEN[illegible]TATE
Glenda E. Ho[illegible]
Secretary of Sta[illegible]
DIVISION OF CORPORATIONS

FILED
04 FEB -5 AM 8:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 03-04

600024564776
01/06/04--01039--013 **88.75

DOCUMENT # P01000056909

1. Corporation Name

THE NAILS CLUB, INC.

Principal Place of Business	Mailing Address
3050 ALAFAYA TRAIL 1028 OVIEDO FL 32765	3050 ALAFAYA TRAIL 1028 OVIEDO FL 32765

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.: 3050 ALAFAYA TR #1028	Suite, Apt. #, etc.: 3050 Alafaya TR #1028
City & State: OVIEDO FL	City & State: OVIEDO FL
Zip: 32765 Country: SIMINOIL	Zip: 32765 Country: SIMINOIL

4. Date Incorporated or Qualified To Do Business in Florida: 06/04/2001

5. FEI Number: 59-3722261 ☐ 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
PSD	~~TRAN, MICHELLE~~	~~2822 UNIVERSITY ACRES~~ DR	~~ORLANDO FL 32817~~
S	~~NGUYEN, TIM~~	~~2822 UNIVERSITY ACRES~~ DR.	~~ORLANDO FL~~ 32817
PSD	TRUONG DUNG	8112 PAMLICO ST	ORLANDO FL 32817
S NO			

600024564776
11/10/03--01068--002 **61.25

600024564776
02/09/04--01047--018 **150.00

8. Name and Address of Current Registered Agent

TRAN, MICHELLE
2822 UNIVERSITY ACRES DR
ORLANDO FL 32817

9. Name and Address of New Registered Agent

Name: TRUONG DUNG
Street Address (P.O. Box Number is Not Acceptable): 8112 PAMLICO ST
Suite, Apt. #, Etc.:
City: ORLANDO State: FL Zip Code: 32817

CR2E040 (7/03)

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
REGISTERED AGENT MUST SIGN
Date: 10 -12 -03

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 TRUONG DUNG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
(407) 365-1666
Daytime Phone #

11-7-03

TO: Florida Department of STATE
Letter Number: 703A000057599

I Truong Dung did not recieve this letter the first two times. This is the first time I recieve the letter and the total fee is $750.00. Please reconsider this reinstatement and clear this charge.

Thank you-

The Nails Club Inc.
Ref. Number: P01000056909