

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

06 JAN 30 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO1000077498

1. Corporation Name

NAIL-MART DESIGN, INC.

2. Principal Office Address

13417 UTAH WOODS
Suite, Apt. #, etc.

3. Mailing Office Address

13417 UTAH WOODS
Suite, Apt. #, etc.

City & State

ORLANDO, FL.

City & State

ORLANDO, FL.

Zip

32824

Country

ORANGE

Zip

32824

Country

ORANGE

REINSTATEMENT

04-06

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3739306

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

DANNY BUI

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

13417 UTAH WOODS CT.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32824

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 01/23/06

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 |
|------------------------------------|--------------------------------------|---|---------------------------|
| <u>P</u> <u>President</u> | <u>DANNY BUI</u> | <u>13417 UTAH WOODS CT.</u> | <u>ORLANDO, FL. 32824</u> |
| <u>VP</u> <u>Vice-President</u> | <u>LINDA QUACH</u> | <u>13417 UTAH WOODS CT.</u> | <u>ORLANDO, FL. 32824</u> |
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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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANNY BUI

Date

01/23/06 (407) 760-0628

Daytime Phone #