

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 16 PM 12:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000101053**

1. Corporation Name

**MODERN NAILS II, INC.**

Principal Place of Business

Mailing Address

1205 NE 163RD ST. SUITE 107  
NORTH MIAMI BEACH FL 33162

1205 NE 163RD ST. SUITE 107  
NORTH MIAMI BEACH FL 33162

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



**REINSTATEMENT 03**

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

10/18/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-1155398

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	LAM, PHUONG-THE	2739 BRYCE TERRACE	HOLLYWOOD FL 33021
SD	DO, OANH-VIET	2739 BRYCE TERRACE	HOLLYWOOD FL 33021

900025513169  
12/16/03--01012--014 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DO, OANH-VIET  
1205 NE 163RD ST. SUITE 107  
NORTH MIAMI BEACH FL 33162

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

**SIGNATURE REQUIRED**

Date Dec 11-03

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dec 11-03

December 9, 2003

TO: FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

~~RE: MODERN NAILS II, INC.~~

DOC#: P01000101053

EIN#: 65-1155398

Dear Sir,

I have received your notice concerning my (UBR) report, which states that I must reinstate it. The report was filed on time, and the fee was also paid on time. As the secretary, I was not capable of signing the report, and this resulted in my report being rejected. The state sent the report back to me requesting my signature, but I never received it. As the secretary, I was undergoing health problems in the hospital. I would greatly appreciate if you could reinstate my corporation without making me pay the reinstatement fee. This amount would be a burden for me to pay because my business has been slowing down, and I am having financial difficulties. The shopping plaza that my business is in is going through hard times as well. My business can be closed down at any time. Please reinstate my corporation.

Sincerely yours,



Modern Nails II, Inc.  
Secretary  
Oanh-Viet Do