

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR 10 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000009625

**1. Corporation Name**

Florida Academy of Nail Beauty  
Technology, Inc.

**2. Principal Office Address**

1833 S. ST Rd 7

Suite, Apt. #, etc.

**3. Mailing Office Address**

Suite, Apt. #, etc.

**City & State**

Ft. Lauderdale, FL

**City & State**

F

**Zip**

33317

**Country**

**Zip**

**Country**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

01/22/2002

**5. FEI Number**

710864596

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$6.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

Wanda Jimenez

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

1833 S. State Road 7

**Suite, Apt. #, Etc.**

**City**

Ft. Lauderdale

**State**

FL

**Zip Code**

33317

**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

Wanda Jimenez

REGISTERED AGENT MUST SIGN

Date

3/1/04

**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
Director	Wanda Jimenez	1833 South State Rd 7 F	Ft. Lauderdale, FL 33317

REINSTATEMENT

03-04

**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:

Wanda Jimenez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/04

Date

954358-8877

Daytime Phone #

CR2E081 (01/04)

RAG 2/2

**Gloria's  
Academy Of Nail  
& Beauty Technology, Inc.**

Division of Corporation  
P O Box 6327  
Tallahassee, FL 32314

March 1, 2004

Attention: Tyrone Scott

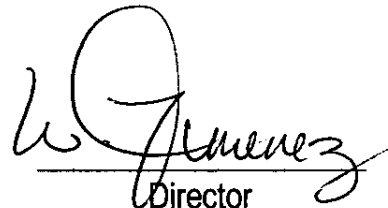
Re: Gloria's Academy of Nail & Beauty Technology, Inc.  
P02000009625

Dear Mr. Scott,

As per our phone conversation, this letter is in reference to my corporation annual report. In 2003, I did not receive the first annual report renewal statement that was sent out by the state due to that there was a change of address. Then later in the year I did receive a second annual report notice stating a payment of \$550.00. I filled out, sign the form and sent it a payment of \$150.00 along with a letter stating why the first statement was not sent in after speaking to state representative. The check for that amount was cashed in September of 2003. The problem was I did not put the corporation Tax Id Number on the form.

I have recently been informed that my corporation has been dissolved. I would like for it to be reinstated. I am enclosing a copy of the letter and cancel check that was sent in September. Also enclosed is a check for \$150.00 for 2004 Annual report and the form filled out. I would greatly appreciated the reinstatement fees can be waived. Your assistance in matter is greatly appreciated.

Thank you,

  
Director

1833 South State Road 7/411  
Ft. Lauderdale, Fl 33317  
(954) 358-8877 (954) 358-8024 Fax