

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000025149

1. Corporation Name

CAUDILL ENTERPRISE, INC.

Principal Place of Business

Mailing Address

2843 US 19, UNITS N&P
HOLIDAY FL 34691

2843 US 19, UNITS N&P
HOLIDAY FL 34691



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

-03/07/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

63-0399095

Applied For

Not Applicable

City & State

City & State

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	CAUDILL, PAMELA	2843 US 19, UNITS N&P	HOLIDAY FL 34691
VSTD	CAUDILL, VICTOR	2843 US 19, UNITS N&P	HOLIDAY FL 34691

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22 ST., 4TH FLOOR
MIAMI FL 33145

9. Name and Address of New Registered Agent

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

Victor Caudill

REGISTERED AGENT MUST SIGN

Date 10-21-03

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)(l), 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:

Victor Caudill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-21-03 727-945-8474

Date

Daytime Phone #

CR2E040 (7/03)

Shiny Nails Spa, Inc.
11312 West State Road 84
Davie, Florida 33326

October 18, 2003
Division of Corporations
Annual Report
P.O. Box 6327
Tallahassee, Florida 32314-6327

Re: Shiny Nails SPA Inc.
Document # P02000112295
F.E.I. Number 30-0122301
Dissolution or Revocation

Gentlemen:

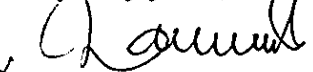
This letter is written in response to your notice of dissolution of my corporation due to my failure to file its 2003 corporation annual report.

Please be advised that to the best of my collection, I have not received the Annual Report Form for the 2003 year. For that simple reason, I have failed to file and pay the annual report fee. Also, as you can see from your records, my corporation was incorporated on October 17, 2002. Therefore, the year of 2003 was the very first year that my corporation was due for the annual report. And I was not fully aware of the annual filing responsibility.

I am hoping that these above stated reasons constitute a good cause for you to allow me to pay the annual fee of \$150.00, instead of the re-instatement fee of \$750.00

Please let me know if my request is granted. Thank you for your kind consideration,

Very truly yours,



Tam Van Ho, President