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## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 04 APR 19 PM 2:45
1. Corporation Name	00340460 By Analac	SECRETARY OF STATE TALLAHASSEE, FLORIDA
tancy Ilails	Dy MILA ME	Ah.
2. Principal Office Address	3. Mailing Office Address	REINSTATEMENT 03-04
Suite, Apt. #, etc. 1997 S US HWY # 1	Suite, Ap1. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida  V  To Do Business in Florida
tokt herce FL	City & State	5. FEI Number Applied For Not Applied For Not Applicable
349 50 Country	Zip Country	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent  Name  OA  OAULA  Street Address (P.Q. Box Number is Not Acceptable)  Sulie, Apt. #, Etc.		
City 41 Piero		State Zip Code 498a
B. I, being appointed the registered agent of the above amed corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent Date REGISTERED AGENT MUST SIGN		
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
P Nga Mgu	len 2401 Melon	Court Ft Pierce FL 34982
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 filling 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 AND TYPED OR BERNIED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Daytime Phone #		

April 9, 2004

Fancy Nails by Ana Inc 1997 S US Hwy 1 Ft Pierce FL 34950

Florida Department of State Division of Corporations 409 East Gaines St Tallahassee, FL 32399

Dear Sir/Madam:

Please find enclosed the original Application for Reinstatement of our corporation, Fancy Nails by Ana, Inc. (Document number P02000034046)

We had moved during 2003, and the original notices must have gotten lost between the moves. The enclosed application has our current and correct address.

We understand that by sending in \$300 will allow my corporation to be reinstated, and will pay the fee for both 2003 and 2004.

Please advise if any other information is needed. Thank you.

Sincerely.

Nga Ngyen, President

772-465-7878

projection pe