

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 24 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000061448

1. Corporation Name

DIVINE NAILS INC.

Principal Place of Business

Mailing Address

7795 W FLAGLER STREET
SUITE 43 & 44
MIAMI FL 33144

2042 SW 152 TERRACE
MIRAMAR FL 33027



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/04/2002

Suite, Apt. #, etc.

18345 NW 12th St.

Suite, Apt. #, etc.

18345 NW 12th St.

5. FEI Number

01-0755093

Applied For

Not Applicable

City & State

Hollywood FL

City & State

Hollywood FL 33029

Zip

33029

Country

USA

Zip

33029

Country

USA

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	DANG, CHRIS	2042 SW 152 TERR	MIRAMAR-FL-33027 Hollywood FL 33029
V	BELANG, TRUONG	2042 SW 152 TERR	MIRAMAR-FL-33027 Hollywood FL 33029

700024097237
10/24/03--01070--020 **158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DANG, CHRIS
2042 SW 152 TERRACE
MIRAMAR FL 33027

Name

DANG CHRIS

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

18345 NW 12th St

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33029

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

REGISTERED AGENT MUST SIGN

Date

Oct 14 / 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)(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
CHRIS DANG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/14/03 (80) 673-6602

OCT. 14-03.

TO THE STATE OF FLORIDA
DEPARTMENT OF STATE:

I AM WRITING THIS LETTER
IN REGARDING TO THE REINSTATEMENT.
I HAVE NOT RECEIVED THE TWO
PRIOR UNIFORM BUSINESS REPORT NOTICES.
THERE IS BEEN SOME MAILING PROBLEMS
WITH THE ADDRESS.

Sincerely,

Chris DANA.

PRESIDENT DIVINE NALSI