

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000079546

1. Entity Name
THD NAILS & SPA SALON, INC.



FILED

05 OCT 24 PM 7:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
8000 W. BROWARD BLVD.
#836
PLANTATION, FL 33388

Mailing Address
8000 W. BROWARD BLVD.
#836
PLANTATION, FL 33388

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 2005

4. FEI Number
32-0023526

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DANG, HOAI
8000 W. BROWARD BLVD.
#836
PLANTATION, FL 33388

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
DANG, HAOI
8000 W. BROWARD BLVD. #836
PLANTATION, FL 33388

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

000060898410
10/24/05--01058--015 **158.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
DANG, THUY HOANG
8000 W BROWARD BLVD #836
PLANTATION, FL 33388

☐ Delete

TITLE
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-19-05

Date

954-572-9040

Daytime Phone #