

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT 29 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # p02000079546

1. Corporation Name

THD Nails & Spa Salon, Inc.

2. Principal Office Address - No P.O. Box #
8000 w.broward blvd

Suite, Apt. #, etc.
836

City & State
Plantation, FL

Zip
33388

Country
USA

3. Mailing Office Address
10781 Pine Lodge Trail

Suite, Apt. #, etc.

City & State
Davie, FL

Zip
33328

Country
USA

REINSTATEMENT
CR2E0811(1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
320023526

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Thuy Dang

Street Address (P.O. Box Number is Not Acceptable)
10781 Pine Lodge Trail

Suite, Apt. #, Etc.

City
Davie, FL

State Zip Code
FL 33328

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date **10/26/2007**

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
CEO	Hoai Dang	10781 Pine Lodge Trail	Davie, FL 33328
P	Thuy Dang	10781 Pine Lodge Trail	Davie, FL 33328

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10/23/07--01051--024 **300.00

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 contained in Chapter 119, 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/2007

Date

954-864-0998

Daytime Phone #

B. Mitchell OCT 29 2007