

04/24/2007 15:13

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EASY STREET

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P02000112816

1. Corporation Name

VINA NAILS SALON INC.

FILED

07 MAY -1 PM 2:52

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA900103196989
05/24/07--01025--014 **450.00REINSTATEMENT 05-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
17380 ALTERNATE AIA 6075 LINTON ST.Suite, Apt. #, etc.
SUITE 301B

Suite, Apt. #, etc.

City & State
JUPITER, FLCity & State
JUPITER, FLZip
33458Country
USZip
33458Country
US4. Date Incorporated or Qualified
To Do Business in Florida 10/18/20025. FEI Number
56-2302414Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐ \$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
THUY H. NGUYENStreet Address (P.O. Box Number is Not Acceptable)
6075 LINTON ST.

Suite, Apt. #, Etc.

City
JUPITER, FLState
FLZip Code
33458
☒ 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 04/24/2007

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
P	THUY H. NGUYEN	6075 LINTON ST.	JUPITER, FL

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

04/24/2007

Date

561-627-9483

Daytime Phone #