

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 13 PM 12:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000128628

1. Corporation Name

DELUXE NAILS INC

2. Principal Office Address

12701 S JOHN YOUNG PARKWAY

Suite, Apt. #, etc.

SUITE 103

City & State

ORLANDO FL

Zip

32837

Country

USA

3. Mailing Office Address

12701 S JOHN YOUNG PARKWAY

Suite, Apt. #, etc.

SUITE 103

City & State

ORLANDO FL

Zip

32837

Country

USA

REINSTATEMENT 07-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

DECEMBER 6 2002

5. FEI Number
81-0586999

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

JUDY QUACH

Street Address (P.O. Box Number is Not Acceptable)
9933 CHARDONNAY DR

Suite, Apt. #, Etc.

City

ORLANDO

State
FL

Zip Code
32832

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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

[Signature]
REGISTERED AGENT MUST SIGN

Date

4/9/04

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/D	JUDY QUACH	9933 CHARDONNAY DR	ORLANDO FL 32832

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 under section 119.07(3)(l), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judy Quach

Date

4/9/04

Daytime Phone #

407-340-5205

CR2E081 (01/04)