

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 FEB 24 AM 10:13

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000022853

1. Corporation Name

BN. INTERNATIONAL NAILS INC.

W05-55983

200062298412
03/16/06--01005--007 **150.00

04-06

2. Principal Office Address

1455 NW 107th AVE

3. Mailing Office Address

Suite, Apt. #, etc.

598

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33172

Country

U.S.A.

Zip

Country

CR2E081 (12/05)
12/05/06 01052 007 \$750.00

4. Date Incorporated or Qualified To Do Business in Florida 12/21/05 01005 015 \$150

5. FEI Number

32-0062441

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

Billy VAN LE

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

1455 NW 107th AVE

Suite, Apt. #, Etc.

598

City

MIAMI

State

FL

Zip Code

33172

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

Billy

REGISTERED AGENT MUST SIGN

Date 2-21-06

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	Billy Van LE	18985 SW 24 th St	Miramar, FL 33029

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:

Billy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-06 305-436-5535

Date

Daytime Phone #