## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  FLED  O6 FEB 24 AN ID: 13  DOCUMENT # P O3 0 0 0 0 2 2 8 5 3  1. Corporation Name  BN INTERNATIONAL NAILS INC.  WO5 - 55 983  2. Perception office Address  Suns, April 8, etc.  3. Matting office Address  Suns, April 8, etc.  3. Matting office Address  Suns, April 8, etc.  21   Solid Dec 10052 007				<del></del> -				
BN INTERNATIONAL NAILS INC.  BN INTERNATIONAL NAILS INC.  WOS-55983  2. Frincipal Office Address  LLSS: NW 107 AND Surface Address  Surfa, Apt. 4, etc.  # 598  City & State  City & State  City & State  To On Business in Portide  To On Bu			s	Secretary of State	E			
2. Principal Office Addresss  1.455: N.W. 107 **AU  3. Mailing Office Addresss  1.2   Sol   CR26081 (12/05)  3. Mailing Office Addresss  4. Date Incorporated or Challfield  1.2   12   12   5   00 (15/05)  4. Date Incorporated or Challfield  1.2   12   12   5   00 (15/05)  5. FE Number  3. Planme  7. Name and Address of Current Registered Agent  Name  8. I, being appointed the registering depend of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Signature of FL 33 / 7/2  8. I, being appointed the registering depend of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Signature of PL 33 / 7/2  8. I, being appointed of Agent Addresses of Each Officer and/or Director.  9. Name of Officer and/or Director.  10. I cartly that I am an officer or director or the receiver or inside empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this indistatement application, the reason for dissolution has been eliminated, the corporate name assisties the requirements of section 607.0401 or 617,0401, F.S., that all fees one by the corporation in two teams paid and the names of individuous issued on this term on our quelly for an exemption nortained in Chapter 119, F.S. The information indicated on the language of the corporation and confidence on one of the corporation and country of this information indicated on the section of the corporation and country of the corporation and the corporate name assisting the requirements of section 607.0401 or 617,0401, F.S., that all fees one by the corporation has been eliminated, the corporate name assisting the requirements of section 607.0401 or 617,0401, F.S., that all fees one by the corporation has been of th	DOCUMENT # P 03000022853  1. Corporation Name					TALL THE E, FLEADA		
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4. Date Incorposated or Counting 12   21   10   5   61   5   5   5   5   5   5   5   5   5	1455: NW. 107 Th AUG				12/06/16	CR2E081 (12/05) \$750 77		
## S. FEI Number 32 - 006 2 44	#	598				orporated or Qualified 12 21/05 01005 615	_ 	
7. Name and Address of Current Registered Agent    Street Address (P.O. Bark Number is Not Accopiable)   Street Address (P.O. Bark Number is Not Accopiable)   Sutto, Apr. 8, Etc. # 598   City	Mi	AMI FL		Country	32-	- 0062441 Not Applicable		
Street Address (P.O. Bak Number is Not Acceptable)  Suite, Apt. #, Etc. # 598  City  Lip Suite, Apt. #, Etc. # 598  City  Lip Suite, Apt. #, Etc. # 598  City  Lip Code  FL 37/72  8. 1, being appointed the registreer agent of the above named corporation, am familiar with and accept the obligations of section 607,0505 or 617,0503, F.S.  Signature of Registrered Agent  REGISTERED AGENT MUST SIGN  Date 2 - 21 - 06  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  Officers and/or Directors  Street Addresses of Each Officer and/or Director (City / State / Zip  P Billy Van LE (8985' SW . 24 th St Mirraman . F( 3 3 0 2 9)  10. Locatify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 517, 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 manse of individuals listed on this form of out qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, after my signature shall have the same legal effect as if made under cath.  SIGNATURE: EAUTH	331	12 U.S.A				TE OF STATUS DESIRED 58.75 Additional Fee require for a Certificate of Status	d	
Street Address (P.O. But Number is Not Acceptable)  1455': NW. 107  Sules, Apt. #, Etc.  Sules, Apt. #, Etc.  # 598  City  Mi AM.  REGISTERED AGENT MUST SIGN  Date 2-21-06  REGISTERED AGENT MUST SIGN  P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  P. Name and Officer and/or Directors  Name of Officer and/or Director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling 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 less 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, add my signature shall have the same legal effect as if made under oath.  2-1-06 305-436-553.5								
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