


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000047905</b>		
1. Entity Name <b>NAILS BY MARTICA, INC.</b>		

FILED

05 NOV 10 PM 3: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>519 S.W. 11 AVE, APT. 5 MIAMI, FL 33130</b>	Mailing Address <b>519 S.W. 11 AVE, APT. 5 MIAMI, FL 33130</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

  
04-15-05 90098 024 \$150.00  
10252005 REIN-P CR2E098 (6/04)

4. FEI Number <b>34-1988733</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent	
<b>IGLESIAS, MARTA B 519 S.W. 11 AVE, APT. 5 MIAMI, FL 33130</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D IGLESIAS, MARTA B 519 S.W. 11 AVE, APT. 5 MIAMI, FL 33130</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** W. B. Iglesias **11/2/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Lucy Garcia, C.P.A., P.A.*

Certified Public Accountant  
18322 SW 22<sup>nd</sup> Street  
Miramar, FL 33029

Tel. (954) 437-2462  
Fax (954) 436-7813

October 24, 2005

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314

RE: Nails by Martica, Inc. / Document number P04000047905

This is in response of your Notice of Dissolution or Revocation. I'm enclosing 2005 For Profit Corporation Reinstatement for the corporation of the reference. My client sent the original form with a payment on April 11, 2005. Enclosed is copy of the cancelled check and her bank statement showing the date the check was collected. Please reinstate the corporation as soon as possible.

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If you have any question do not hesitate to contact me.

Regards,

  
Lucy Garcia