

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 NOV -2 PM 4: 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10122005 REIN-P CR2E098 (6/04)

| | | | | | |
|---|---|--|---|---|--|
| DOCUMENT # P04000071390 1. Entity Name GOOD NAIL OF ST AUGUSTINE, INC. | | | | | |
| Principal Place of Business 3915 A1A SOUTH STE 106 ST AUGUSTINE, FL 32080 | | | Mailing Address 3915 A1A SOUTH STE 106 ST AUGUSTINE, FL 32080 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent NGUYEN, LY ANH 3915 A1A SOUTH STE 106 ST AUGUSTINE, FL 32080 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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: <i>Ly Anh Nguyen</i> Ly ANH NGUYEN 10/31/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00 | | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MAI, KEVIN 3915 A1A SOUTH STE 106 ST AUGUSTINE, FL 32080 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P NGUYEN, LY ANH 3915 A1A SOUTH STE 106 ST AUGUSTINE, FL 32080 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP HONG KIM, MAI 3915 A1A SOUTH STE 106 ST AUGUSTINE, FL 32080 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP LOC TAN TRAN 3915 A1A SOUTH STE 106 ST AUGUSTINE, FL 32080 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="font-size: 2em; text-align: center;">M/2</div> | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 900061115059 11/02/05--01033--010 **150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="font-size: 2em; text-align: center;">M/2</div> | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="font-size: 2em; text-align: center;">M/2</div> | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="font-size: 2em; text-align: center;">M/2</div> | <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: *Ly Anh Nguyen* - **Ly ANH NGUYEN**

10/31/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #