

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 DEC -9 AM 9:24

KS

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12/09/09--01028--015 **450.00

REINSTATEMENT

07-09

DOCUMENT # P04000083011

1. Corporation Name

NAIL BOUTIQUE II of PALM BEACH COUNTY, INC

2. Principal Office Address - No P.O. Box #

1225 North Military Trail

Suite, Apt. #, etc.

4 D

City & State

West Palm Beach, FL

Zip

33417

Country

Palm Beach

3. Mailing Office Address

"SAME as Principal office address"

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 5/24/2004

5. FEI Number

34-2000858

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

HUONG B. TRAN

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

1229 Rosegate Blvd

Suite, Apt. #, Etc.

City

Riviera Beach

State

FL

Zip Code

33404

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

Dec/15/09

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/S	HUONG B. TRAN	1229 Rosegate Blvd	Riviera Beach, FL 33404

10. E-mail Address: lamcpa@bellsouth.net

(To be used for future annual report notification)

11. 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. I further certify 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: ☒

HUONG B. TRAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dec/15/09