

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000092362

1. Entity Name  
NAILMARK'S INC. II



Principal Place of Business  
5812 NORMANDY BLVD.  
JACKSONVILLE, FL 32205 US

Mailing Address  
1239 HILLCREST ST.  
ORLANDO, FL 32803 US

2. Principal Place of Business

3. Mailing Address

5812 NORMANDY BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JACKSONVILLE, FL 32205

Zip

Country

Zip

Country

32205

USA

10272005

REIN-P

CR2E098 (6/04)

4. FEI Number

20-1254087

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRAN, VINNIE  
1239 HILLCREST ST.  
ORLANDO, FL 32803

Name

DANNY TRAN

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

5812 NORMANDY BLVD

City

JACKSONVILLE

FL

Zip Code

32205

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 P  
NAME TRAN, DANNY  
STREET ADDRESS 5812 NORMANDY BLVD  
CITY-ST-ZIP JACKSONVILLE, FL 32205

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T  
NAME TRAN, VINNIE  
STREET ADDRESS 1239 HILLCREST ST.  
CITY-ST-ZIP ORLANDO, FL 32803

TITLE  
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STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/05 904-693-1717

FILED  
05 NOV -2 PM 4: 12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

