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09 FEB -9 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02/06/09 - 01039 - 05 - 80002
CR2E081 (12/08)

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 09 FEB -9 AM 9:09 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P04000150256					
1. Corporation Name Glamour Nails Salon Inc. 2573 NW 79 AVENUE Miami, FL 33122					
2. Principal Office Address - No P.O. Box # 2573 NW 79 Ave Suite, Apt. #, etc.		3. Mailing Office Address 2573 NW 79 Ave Suite, Apt. #, etc.			
City & State Doral		City & State DORAL, FL			
Zip 33122	Country USA	Zip 33122	Country USA		
4. Date Incorporated or Qualified To Do Business in Florida					
5. FEI Number 51-0528207				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status					
7. Name and Address of Current Registered Agent					
Name Ngoc Thi Nguyen					
Street Address (P.O. Box Number is Not Acceptable) 2573 NW 79 Avenue					
Suite, Apt. #, Etc.					
City Doral		State FL	Zip Code 33122		
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 				Date Feb. 5/2009	
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	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
P	NGUYEN, NGOC	23655 SW 107 PL Homestead, FL 33032		Homestead, FL 33032	
VP	NGUYEN, BRANDON	23655 SW 107 PLACE Homestead, FL 33032		Homestead, FL 33032	
REINSTATEMENT					
10. 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 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, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: 				Date Feb. 5/2009	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	