

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000018638

FILED
Apr 08, 2009
Secretary of State

Entity Name: SIGNATURE NAIL AND SKINCARE SPA, INC.

Current Principal Place of Business:

8018 NW 154 STREET
MIAMI LAKES, FL 33016

New Principal Place of Business:

Current Mailing Address:

8018 NW 154 STREET
MIAMI LAKES, FL 33016

New Mailing Address:

FEI Number: 20-2288530

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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.

SIGNATURE: X

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NGUYEN, HUNG T
Address: 8018 NW 154 STREET
City-St-Zip: MIAMI LAKES, FL 33016

Title: DV () Delete
Name: NGUYEN, TRANG
Address: 8018 NW 154 STREET
City-St-Zip: MIAMI LAKES, FL 33016

Title: VP () Delete
Name: NGUYEN, DA VAN
Address: 8018 NW 154 STREET
City-St-Zip: MIAMI LAKES, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

Electronic Signature of Signing Officer or Director

P

04/08/2009

Date