

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000024123

Entity Name: NAILS & SPA TO GO INC.

FILED  
Apr 10, 2007  
Secretary of State

## Current Principal Place of Business:

3900 SW 52 AVE  
602 #  
PEMBROKE PARK, FL 33023

## New Principal Place of Business:

## Current Mailing Address:

3900 SW 52 AVE  
602 #  
PEMBROKE PARK, FL 33023

## New Mailing Address:

FEI Number: 42-1663916

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALCE, CATHLEEN  
3900 SW 52 AVE  
602#  
PEMBROKE, FL 33023 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: CATHLEEN ALCE

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: P ( ) Delete  
Name: ALCE, CATHLEEN  
Address: 3900 SW 52 AVE #602  
City-St-Zip: PEMBROKE PARK, FL 33023

Title: VP ( ) Delete  
Name: ALCE, CATHLEEN  
Address: 3900 SW 52 AVE #602  
City-St-Zip: PEMBROKE PARK, FL 33023

Title: S ( ) Delete  
Name: ALCE, CATHLEEN  
Address: 3900 SW 52 AVE #602  
City-St-Zip: PEMBROKE PARK, FL 33023

Title: T ( ) Delete  
Name: ALCE, CATHLEEN  
Address: 3900 SW 52 AVE #602  
City-St-Zip: PEMBROKE PARK, FL 33023

## 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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CATHLEEN ALCE

P

04/10/2007

Electronic Signature of Signing Officer or Director

Date