

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000045827

1. Corporation Name

J & T Nails Corp.

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

1529 BARTON RD.

Suite, Apt. #, etc.

City & State

LAKELAND FL.

Zip

33801

Country

POLK

3. Mailing Office Address

9047 Tuscan Valley Pl.

Suite, Apt. #, etc.

City & State

Orlando FL.

Zip

32825

Country

ORANGE

7. Name and Address of Current Registered Agent

Name

HIEN NGUYEN

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

9047 TUSCAN VALLEY PL.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32825

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 04/05/2007

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
Pres.	HIEN T NGUYEN	9047 TUSCAN Valley Pl.	Orlando FL. 32825
Vice Pres.	TAI TRAN	123 MAGNOLIA AVE	Arburndale FL. 33823
			800097218068
			04/17/07--01038--007 **300.00

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/05/07 (407) 249-3066

Date

Daytime Phone #

FILED

07 APR -9 AM 10:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

3/21/2005

5. FEI Number

20-2888442

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 Additional Fee required  
for a Certificate of Status

☒ 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.

@ Mitchell APR 9 2007

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Orlando 4/5/07

To whom it may concern,

I'm Hien Nguyen, president of J.T Nail Corporation of Florida, my document is P05000045827

It's come to my attention that I did not received any letter or not about renew my corporation.

So that I'm sending you the check of 300<sup>00</sup> for renew my license for last year and this year.

Please active my corporation and thank You for your help.

Sincerely,



Please contact me at: (407) 249 - 3066 (w)  
(863) 286 - 1724 (all)