

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000103848

1. Entity Name
FLORIDA NAIL SUPPLY, INC



06 OCT -5 PM 2:39

Principal Place of Business
15 NORTH STATE ROAD 7
PLANTATION, FL 33317 US

Mailing Address
15 NORTH STATE ROAD 7
PLANTATION, FL 33317 US

2. Principal Place of Business
5847 N. University Dr.
Suite, Apt. #, etc.

3. Mailing Address
5847 N. University Dr.
Suite, Apt. #, etc.

City & State
Tamarac FL

City & State
Tamarac FL

Zip
33321

Country
Brazil

Zip
33321

Country
Brazil



REINSTATEMENT
09252006 REIN-P 09252006 (11/05) 06

4. FEI Number
32-055490

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NGUYEN, JOHN
15 NORTH STATE ROAD 7
PLANTATION, FL 33317

5847 N. University Dr.
Tamarac FL 33321

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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]* (NOTE: Registered Agent signature required when reinstating)

DATE 10/2/06

FILE NOW! FEE IS \$150.00
After January 1, 2007, 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	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NGUYEN, BINH		NAME		
STREET ADDRESS	5352 SW 11TH STREET		STREET ADDRESS		
CITY - ST - ZIP	PLANTATION, FL 33317		CITY - ST - ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NGUYEN, JOHN		NAME	Nguyen, John	
STREET ADDRESS	15 NORTH STATE ROAD 7		STREET ADDRESS	5847 N. University Dr.	
CITY - ST - ZIP	PLANTATION, FL 33317		CITY - ST - ZIP	Tamarac FL 33321	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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CITY - ST - ZIP			CITY - ST - ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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]* DATE 10/2/06 DAYTIME PHONE # (954) 582-9071

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT 6 2006