

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 APR -9 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03302007 REIN-P CR2E098 (1/07)

DOCUMENT # P05000137018 1. Entity Name NAIL SPA 8, INC.			
Principal Place of Business 4300 KINGS HWY STE 403 PORT CHARLOTTE, FL 33980		Mailing Address 4300 KINGS HWY STE 403 PORT CHARLOTTE, FL 33980	
2. Principal Place of Business - No P.O. Box # 4300 KINGS HWY		3. Mailing Address 4300 KINGS HWY	
Suite, Apt. #, etc. STE 403		Suite, Apt. #, etc. STE 403	
City & State PORT CHARLOTTE FL		City & State PORT CHARLOTTE FL	
Zip 33980 Country US		Zip 33980 Country US	
4. FEI Number 20-3642073		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LY, LEANG 4300 KINGS HWY STE 403 PORT CHARLOTTE, FL 33980		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:		DATE: 03/30/07	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$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: D <input type="checkbox"/> Delete NAME: LY, LEANG STREET ADDRESS: 4300 KINGS HWY STE 403 CITY-ST-ZIP: PORT CHARLOTTE, FL 33980		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: REINSTATEMENT STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
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TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: 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:		Date: 03/30/07 Daytime Phone #: 941-625-0026	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	

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