

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2008 NOV 21 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600138167196  
11/21/08--01023--011 \*\*450.00

CR2E081 (10/08)

DOCUMENT # P05000143721

1. Corporation Name

Eglin Young Nails, Inc.

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

2942 Chantry Cir.

Suite, Apt. #, etc.

City & State

Crestview, FL

Zip

32539-4352

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 10/21/2005

5. FEI Number

20-3706201

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Young C. Lee

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

2942 Chantry Cir.

Suite, Apt. #, Etc.

City

Crestview

State

FL

Zip Code

32539

☒ 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.

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

*Young C. Lee*

REGISTERED AGENT MUST SIGN

Date Nov 15, 2008

**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
PSD	Young C. Lee	2942 Chantry Cir.	Crestview, FL 32539

**REINSTATEMENT**

06-08  
[Signature]

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:

*Young C. Lee*

Young C. Lee

Nov 15, 2008

Date

850-609-1700

Daytime Phone #