

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 APR 28 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000148161

1. Corporation Name

SUNNY'S NAILS & SPA, INC.
1058 N. TAMiami TRAIL - #114
SARASOTA, FL 34236

300152893553
04/28/09--01004--008 **300.00

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

1058 N. TAMiami TRAIL

3. Mailing Office Address

1058 N. TAMiami TRAIL

Suite, Apt. #, etc.

#114

Suite, Apt. #, etc.

#114

City & State

SARASOTA FL

City & State

SARASOTA, FL.

Zip

34236

Country

SARASOTA

Zip

34236

Country

SARASOTA

4. Date Incorporated or Qualified
To Do Business in Florida

11/7/05

5. FEI Number

20-3802085

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

DONALD H. HECKMAN

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

CLDYK ACCTG & TAX SVC, INC

Suite, Apt. #, Etc.

710 60TH ST COURT EAST

City

BRADENTON

State

FL

Zip Code

34208

☒ 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

Donald H. Heckman

Date

4/8/09

REGISTERED AGENT MUST SIGN

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
<u>P</u>	<u>FREEMAN, SUNNY N.</u>	<u>2230 VINTAGE ST.</u>	<u>SARASOTA, FL 34240</u>
<u>VP</u>	<u>FREEMAN, DAN</u>	<u>2230 VINTAGE ST.</u>	<u>SARASOTA, FL 34240</u>

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:

Sunny Freeman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sunny Freeman

Date

04/20/09 941-745-1212

Daytime Phone #

4/28/09