2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000121107

1. Entity Name
NAIL EXTRAVAGANZA, INC.

FILED
07 NOV 28 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1785 N. CONGRESS AVENUE BOYNTON BEACH, FL 33426	1785 N. CONGRESS AVENUE BOYNTON BEACH, FL 33426

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1105[illegible] REINSTATEMENT [illegible]S (1/07) 07

4. FEI Number 20 5637497 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GEROW, JEFFREY 4800 N. FEDERAL HIGHWAY SUITE 307B BOCA RATON, FL 33431	Name: Jeffrey S. Gerow Street Address (P.O. Box Number is Not Acceptable): 4488 N. Federal Highway Suite 210 City: Boca Raton FL Zip Code: 33431

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] ✓ 11/19/07
Signature and printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2008, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P,D PORRATA, JOHN 1785 N. CONGRESS AVENUE BOYNTON BEACH, FL 33426	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200112645717 11/28/07--01016--019 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP,D PORRATA, PATRICIA 1785 N. CONGRESS AVENUE BOYNTON BEACH, FL 33426	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 11/19/07 ✓ 561-736-6002
Date Daytime Phone #