

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAY -2 PM 4:12

<b>DOCUMENT # P06000140557</b> 1. Entity Name <b>PROFESSIONAL WAREHOUSE NAIL SUPPLY, INC.</b>			
Principal Place of Business <b>5167 MADISON LAKES CIRCLE E. FT. LAUDERDALE, FL 33328</b>		Mailing Address <b>5167 MADISON LAKES CIRCLE E. FT. LAUDERDALE, FL 33328</b>	
2. Principal Place of Business - No P.O. Box # <b>4611 S. UNIVERSITY DR.</b>		3. Mailing Address <b>4611 S. UNIVERSITY DR.</b>	
Suite, Apt. #, etc. <b>Suite 169</b>		Suite, Apt. #, etc. <b>Suite 169</b>	
City & State <b>DAVIE, FL</b>		City & State <b>DAVIE, FL</b>	
Zip <b>33328</b>	Country	Zip <b>33328</b>	Country
4. FEI Number <b>20-5847975</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>AFLALO, ROSELINDA 5167 MADISON LAKES CIRCLE E. FT. LAUDERDALE, FL 33328</b>		7. Name and Address of New Registered Agent Name <b>Joseph B. HAGENS JR.</b> Street Address (P.O. Box Number is Not Acceptable) <b>4611 S. UNIVERSITY DR.</b> <b>Suite 169</b> City <b>DAVIE</b> <b>FL</b> Zip Code <b>33328</b>	
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 <u><i>Joseph B. Hagens Jr</i></u> AGENT <u>4/28/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$300.00</b>		FLORIDA DEPT OF STATE	
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 <b>P</b> <input checked="" type="checkbox"/> Delete NAME <b>AFLALO, ROSELINDA</b> STREET ADDRESS <b>5167 MADISON LAKES CIRCLE E.</b> CITY-ST-ZIP <b>FT. LAUDERDALE, FL 33328</b>	TITLE <b>P, VP, SEC.</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>JOSEPH B. HAGENS JR.</b> STREET ADDRESS <b>4611 S. UNIVERSITY DR. #169</b> CITY-ST-ZIP <b>DAVIE, FL 33328</b>		
TITLE <b>VP</b> <input checked="" type="checkbox"/> Delete NAME <b>AFLALO, ROSELINDA</b> STREET ADDRESS <b>5167 MADISON LAKES CIRCLE E.</b> CITY-ST-ZIP <b>FT. LAUDERDALE, FL 33328</b>			
TITLE <b>SEC</b> <input checked="" type="checkbox"/> Delete NAME <b>AFLALO, ROSELINDA</b> STREET ADDRESS <b>5167 MADISON LAKES CIRCLE E.</b> CITY-ST-ZIP <b>FT. LAUDERDALE, FL 33328</b>			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete 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: <u><i>Joseph B. Hagens Jr</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		PRESIDENT <u>4/28/08</u> (954) 444-3421 <small>Date Daytime Phone #</small>	