

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 NOV 19 PM 12:34

DOCUMENT # P07000016531

1. Corporation Name

DOAN HOA NAILS LAMOUR INC

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

5969 STIRLING ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

6251 SW 38TH STREET

Suite, Apt. #, etc.

City & State

DAVIE FLORIDA

Zip

33314

Country

US

City & State

DAVIE FLORIDA

Zip

33314

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

02/01/07

5. FEI Number

20-8400634

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

HOA DOAN

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

6251 SW 38TH STREET

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33314

☒ 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

REGISTERED AGENT MUST SIGN

Date 11.12.09

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
P	HOA DOAN	6251 SW 38TH STREET	DAVIE FL 33314

10. E-mail Address: DOANHOA1289@YAHOO.COM

(To be used for future annual report notification)

11. 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. I further certify, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11.12.2009 305-491-1981