PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPO REINST				DIVIS	ecretar SION OF C	TMENT OF STATE y of State orporations		FILE12 FEB -8		
DOCUMENT # P07000084959 1. Corporation Name								SECKETA: TALLAHASSEr.	PLE DA	
C T NAILS CORPORATION							AL.			
Principal Office Address - No P.O Box # 14346 BISCAYNE BLVD				Mailing Office Address 14346 BISCAYNE BLVD						
Suite, Apt. #, etc. Suit				Suite, Apt. #,	Suite. Apt. #, etc.			4. Date Incorporated or Qualified To Do Business in Florida 08/01/2007		
Crty & State NORTH MIAMI, FL				City & State NORTH MIAMI, FL			5. FEI Numbe 26-058785	r	Applied For Not Applicable	
Zip 33181	·		^{Zip} 33181		Country USA	6. CERTIFICATE OF STATUS DESIRED		8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent										
Name TAN N. TON Street Address (P.O. Box Number is Not Acceptable)							000219416870 02/08/1201031004 **150.00			
20341 NE 30 AVE							- 02,0	0/12 01031 0	101 ++100.00	
Suite, Apt. #, Etc. 124-6					State Zip Code		000219416870 01/24/1201028017 **750.00			
City AVENTURA						State Zip Code FL 33180		<u>-</u>		
8. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the displayers of Registered Agent							obligations of section	on 607.0505 or 617.0503, F	. 1	
REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 d								<u> </u>		
Titles	Name of Officers and/or Directors			Street Address of Ea Officer and/or Direct			ch	City / S	itate / Zip	
PRESIDENT T	TAN N. TON				20341 NE 30 AVE #124-6 AVENTURA, FL 33180				A, FL 33180	
VICE PRES. S	SEN H T NGUYEN				20341 NE 30 AVE #124-6 AVENTURA, FL 33			A, FL 33180		
					RE	INSTAI	EVIC	N 3 1 1 -	n	
10. E-mail Address: LBUICPA@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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155. F.S. SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #										