

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2021 AUG -3 AM 10:33

CLERK OF COURT

CR2E081 (11/10)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO8 000 000 756

1 Corporation Name

X.O Nails & Spa Inc

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

5695 Red Bug Lake Rd
Suite, Apt #, etc

3. Mailing Office Address

5695 Red Bug Lake Rd
Suite, Apt #, etc

City & State

Winter Springs FL
Zip 32708 Country Seminole

City & State

Wintersprings, FL
Zip FL 32708 Country Seminole

4. Date Incorporated or Qualified
To Do Business in Florida

01/2008

5. FEI Number

82-3114307

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

Loc Kim Do

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

5695 Red Bug Lake Road
Suite, Apt #, Etc

City

Winter Springs

State

FL

Zip Code

32708

700371096787
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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

[Signature]

REGISTERED AGENT MUST SIGN

Date 08/03/21

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	Loc Kim Do	4306 Comet Court	Orlando, FL 32765

REINSTATEMENT

2018-2021

10 E-mail Address: Victor.lan09@gmail.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:

[Signature]

Loc Kim Do

08/03/21 (407) 927-8324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #