

# 2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000034804

**FILED**  
**Feb 11, 2010**  
**Secretary of State**

**Entity Name:** IMAGES NAILS & SPA INC.

**Current Principal Place of Business:**

843 LOST GROVE CIR  
WINTERGARDEN, FL 34787

**New Principal Place of Business:**

8081 W. TURKEY LAKE RD  
ORLANDO, FL 32819

**Current Mailing Address:**

843 LOST GROVE CIR  
WINTERGARDEN, FL 34787

**New Mailing Address:**

8081 W. TURKEY LAKE RD  
ORLANDO, FL 32819

FEI Number: 26-2321249

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PHAM, HIEU  
843 LOST GROVE CIR  
WINTERGARDEN, FL 34787 US

**Name and Address of New Registered Agent:**

PHAM, HIEU  
8081 W. TURKEY LAKE RD  
ORLANDO, FL 32819 US

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.

SIGNATURE: X

02/11/2010

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D/P  
Name: PHAM, HIEU  
Address: 8081 W. TURKEY LAKE RD  
City-St-Zip: ORLANDO, FL 32819

Title: DVP  
Name: TRAN, TRAM  
Address: 8081 W. TURKEY LAKE RD  
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: X

P

02/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date