

PLEASE READ ALL INSTRUCTIONS BEFORE

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P09000096883

1. Corporation Name

~~CD NAILS INCORPORATED~~

C D Nails

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

42 New haven ave.

Suite, Apt #, etc.

3. Mailing Office Address

42 New haven

Suite, Apt #, etc.

City & State

Melbourne, FL

Zip Country

32901 Brevard

City & State

Melbourne, FL

Zip Country

32901 Brevard

7. Name and Address of Current Registered Agent

Name DaT Nguyen

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

1720 FlameVine PL.

Suite, Apt. #, Etc.

City Malabar

State

FL

Zip Code

32950

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

7-13-12

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
owner	DaT Nguyen	1720 FlameVine PL.	Malabar, FL 32950

10. E-mail Address:

DaT Nguyen6@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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-13-12

Daytime Phone

321-952-8282

FILED

2012 JUL 31 PM 12:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400237491424  
07/31/12--01022--003 \*\*672.00  
CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

7-13-12

5. FEI Number

90-0868524

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

400237491424  
07/16/12--01048--018 \*\*237.00