PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2022 AUG 10 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FL

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08/10/22--01016--029 **1658.75

DOCUMENT # P15000047416

1. Corporation Name

ZEN NAILS & SPA INC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
11420 W Sample Rd	11420 W. Sample Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CORAL SPRINGS, FL	City & State: CORAL SPRINGS, FL
Zip: 33065 Country: USA	Zip: 33065 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 04-30-2015

5. FEI Number: 473942082 ☐ 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: THANH N NGUYEN

Street Address (P.O. Box Number is Not Acceptable): 11420 W SAMPLE Rd

Suite, Apt. #, Etc.:

City: Coral Springs | State: FL | Zip Code: 33065

A. BUTLER
AUG 18 2022

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: Thanh Nguyen Date: 04-18-2022

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida corporations must list at least [illegible])

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	David Tran	11420 W Sample Rd.	Coral Springs, FL 33065
VP	THANH N. NGUYEN	11420 W. Sample Rd	Coral Springs, FL 33065

10. E-mail Address: thnguyen@gmail.com (To be used for future annual report notification)

11. I certify that I am an officer or director of 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: [illegible] 04/18/2022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #