

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2024 NOV -6 PM 4:13

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL
100440020781
11/21/24--01025--004 **1200.00

DOCUMENT # P15000064265

1. Corporation Name JR NAILS SPA INCORPORATED

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

12438 W ATLANTIC BLVD

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FLORIDA

Zip

33071

Country

USA

3. Mailing Office Address

12438 W ATLANTIC BLVD

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FLORIDA

Zip

33071

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

07/30/2015

5. FEI Number

47-4664975

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 TRAN HUE PHUNG

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

12438 W ATLANTIC BLVD

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33071

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

REGISTERED AGENT MUST SIGN

Date 11-14-2024

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	TRAN HUE PHUNG	12438 W ATLANTIC BLVD	CORAL SPRINGS, FL 33071

Reinstatement 21-24
JL

10. E-mail Address: TRANPHUNG0913@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:

TRAN H PHUNG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/04/24

Date

(954) 881-6378

Daytime Phone #