H02000067447

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 MAR 28 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED AND FILED

REINSTATEMENT 1996-2002

96

DOCUMENT # P93000022941

1. Corporation Name
Nail Master, Inc.

2. Principal Office Address		3. Mailing Office Address	
2304 East Sparkman Road		2304 East Sparkman Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Plant City, Florida		City & State: Plant City, Florida	
Zip: 33566	Country: U.S.A.	Zip: 33566	Country: U.S.A.

4. Date Incorporated or Qualified To Do Business In Florida: March 25, 1993

5. FEI Number: 59-3176232 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name: E. John Harrah
Street Address (P.O. Box Number is Not Acceptable): 2835 Brook Drive
Suite, Apt. #, Etc.
City: Lakeland State: FL Zip Code: 33811

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] Date: 3/28/02
REGISTERED AGENT MUST SIGN

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
DP	Anthony M. Anzalone	2304 East Sparkman Road	Plant City, FL 33566
VP	E. John Harrah	2835 Brook Drive	Lakeland, FL 33811

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] 3/28/02 813-659-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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(((H02000067447 1)))

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From:
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     Account Number  : 110450000714
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CORPORATION REINSTATEMENT

NAIL MASTER, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$1,658.75