

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra M. Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 DEC -8 AM 7:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000062211

1. Corporation Name

LUSCIOUS NAILS, INC.

Principal Place of Business

7105 WEST 12TH AVE.
SUITE 5
HIALEAH FL 33014

Mailing Address

7105 WEST 12TH AVE.
SUITE 5
HIALEAH FL 33014

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/07/1993

5. FEI Number

65-0457354

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	HERNANDEZ, ALEX	7105 WEST 12TH AVE., #5	HIALEAH FL 33014
V	HERNANDEZ, MIRTA	7105 WEST 12TH AVE., #5	HIALEAH FL 33014

600002366806--8
-12/09/97--01057--010
****165.00 ****165.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HERNANDEZ, ALEX
7105 W 12TH AVE, 5
HIALEAH FL 33301

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11-12-97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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., 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-12-97 (305) 557-9004

CR2E040 (8/97)

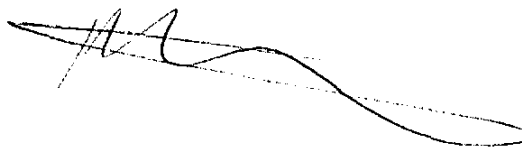
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11-26-97

TO WHOM IT MAY CONCERN,

I WOULD LIKE TO EXPLAIN THAT LAST YEAR, I
FILED FOR MY CORP. ANNUAL REPORT TO THE
STATE OF FLORIDA DEPARTMENT OF STATE, AS I
HAVE IN THE PAST FOUR YEARS. BY CALLING
YOUR OFFICE, I HAVE FOUND OUT THAT YOU
HAVE NEVER RECEIVED MY FILING FEE OF YEAR
1997. ENCLOSED IS MY FEE OF THE AMOUNT OF
\$165.00 THANK YOU.

SINCERLEY,
LUSCIOUS NAILS INC.

A handwritten signature in black ink, appearing to be "AA" followed by a long, sweeping horizontal stroke that ends in a small loop.