

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

DOCUMENT # P94000038912

1. Corporation Name

Inira Prestige Inc.

2. Principal Office Address

4100 W 12 AVE

Suite, Apt. #, etc.

B

City & State

Hialeah FL

Zip 33012

Country USA

3. Mailing Office Address

4100 W 12 AVE

Suite, Apt. #, etc.

B

City & State

Hialeah FL

Zip 33012

Country USA

FILED

01 OCT -8 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-10/18/01--01060--017
****158.75 ****158.75

4. Date Incorporated or Qualified
To Do Business in Florida

5-24-94

5. FEI Number

050496483

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 IRMA HATEM

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

4801 SW 141 AVE

Suite, Apt. #, Etc.

Miramar

State

FL

Zip Code

33027

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

IRMA HATEM

Date

10/2/01

CR2001 (9/00)

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	IRMA HATEM	4801 SW 141 AVE	Miramar, FL 33027
			ILS

10. 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:

IRMA HATEM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/2/01

Date

305-823-3883

Daytime Phone #



ROSSIE NAIL TECH SCHOOL

2007

To whom it may concern,

This letter is to clarify why renewal was never filed. On our last renewal I changed my registered agent address thinking that this would be sent to me since all the addresses were the same. Therefore we never received the renewal and realized now that our state license came up for renewal and they always request a copy of the check certifying that all corporation status is up to date we realized a check was never sent because the renewal forms were never received by me. I called and they told me to send the enclosed \$150.00 with the form, which I downloaded, and this attached letter. Sorry for the mix up but I was not aware I had to change all addresses printed as well.

If any more information is needed feel free to contact me at (305) 823-3883

Thank You

Irma Hatem
President