


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	FILED 98 MAY 11 PM 3:28 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>9950000 30601</u>			100002528401--8 -05/19/98--01017--023 ****900.00 ****900.00	
1. Corporation Name <u>Elegant Ladies Inc</u> <u>DBA Nail Rose</u>				
Principal Place of Business Mailing Address <u>23024 Sandalfoot Plaza Dr</u> <u>Boca Raton, Fla 33428</u>				
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		4. Date Incorporated or Qualified To Do Business in Florida <u>1996</u>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <u>65-058 9981</u>
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)				
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip	
<u>Pres</u>	<u>Shelby Bracey-Gibbon</u>	<u>8201 Blveridge Lane</u>	<u>Parkland Fla 33067</u>	
<u>Sec VP</u>	<u>Laurie Barstow</u>	<u>8201 Blveridge Lane</u>	<u>Parkland Fla 33067</u>	
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent		
<u>Shelby Bracey-Gibbon</u> <u>8201 Blveridge Lane</u> <u>Parkland, Fla 33067</u>		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 <u>S Bracey-Gibbon</u> REGISTERED AGENT MUST SIGN		Date <u>4-17-98</u>		
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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: <u>S Bracey-Gibbon</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-17-98 561 883-6245 Date Daytime Phone #		