

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000066451

1. Corporation Name

CUSTOM NAILS/MANICURE PLUS, INC.

Principal Place of Business

16103 CHANCERY PLACE
TAMPA FL 33613

Mailing Address

P.O. BOX 1370043
TAMPA FL 33697
33

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country



REINSTATEMENT

1998-1999

4. Date Incorporated or Qualified
To Do Business in Florida

08/28/1995

5. FEI Number

59-3343359

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
DVP	PAGLIARULO, ROCCO	P.O. BOX 370043	TAMPA FL
P	PAGLIARULO, BETHANY	P. O. BOX 370043	TAMPA FL

000002786430--5
-02/24/99--01110--021
***750.00 ***750.00

000002786430--5
-02/24/99--01110--022
***150.00 ***150.00

8. Name and Address of Current Registered Agent

PAGLIARULO, BETHANY
16103 CHANCERY PLACE
TAMPA FL 33613

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State Zip Code
FL

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

Bethany Pagliarulo

REGISTERED AGENT MUST SIGN

Date

2/2/99

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:

Bethany Pagliarulo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/99

813 903-0434

Date

Daytime Phone #

CR2E040 (9/98)