PLEASE READ A	ALL INSTRUCTIONS BEFORE O	COMPLETING THIS FORM.
APPLICATION ()	FLORIDA DEPARTMENT OF STATE	ACTRONIA
FOR	Sandra B. Mortham Secretary of State	
REINSTATEMENT	DIVISION OF CORPORATIONS	1 (1.57)
DOCUMENT # VUESOOO 1 1/1/2 1. Corporation Name		98 SEP 10 PM 3: 45
New AHHude Principal Place of Flusiness 5684. W. San	Nails Inc Mailing Address d	SECRETARY OF STATE TALLAHASSEE, FLORIDA
margate 9 3	33173	REINSTATEMENT 0.1-98
If above addresses are incorrect in any way, line thro 2. New Principal Office Address, If Applicable	ugh incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable	Date Incorporated or Qualified
Suite, Apt. #, etc	Suite, Apl. #, etc.	To Do Business in Florida
City & State	City & State	5. FEI Number Applied For Not Applied by
Zip Country	Zip Country	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
and the second of the second o	r Director (Florida nonprofit corporations must list at lea	
Name of Officers Street Address of Each Title(s) and/or Directors Officer and/or Director City / State / Zip 1 2 3 (Do NOT Use Post Office Box Numbers) 1 4		
ores CarolannoBrien Coconut Creek 133063 Coconut Cricti		
418 Secrolation Coconta creek 133003 33063		
		5 000026391651
		-09/15/9801006022 ****908.75 ****908.75
		1500.15
		0-10-010
8. Name and Address of Current R	egistered Agent	9. Name and Address of New Registered Agent
CarolannoBrien Street Address (P.O. Box Number is Not Agreetable).		
3671 COCOPIUM CITCLE Street Address (P.O. Box Number is Not Acceptable), Suite And Fin Copium Circle		
Coconut Creek Fl		
330)/3 ("Manut Cipele State Zin Code 331/63		
1/ 1/9	e numbed corporation, am familiar with and accept the of	olightions of Section 607,0505, F.S.
Signature of Registered Agent Date Date Date Date		
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No U		
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 filling		
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: Carolann OBrien 9-9-98		
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dato Organia Phone # 75 9		