

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 17 PM 3:49

DOCUMENT # P96000001751

1. Corporation Name

Nina & Holly Nails Boutique, Inc.

2. Principal Office Address

262 West SR 434

Suite, Apt. #, etc.

City & State

Longwood

Zip

32750

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/01996

5. FEI Number
59-3359647

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mark A. Haas, CPA, MBA

Street Address (P.O. Box Number is Not Acceptable)
25 South Magnolia Avenue

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32801

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

REGISTERED AGENT MUST SIGN

Date

11/16/05

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
Pres	Ninh T. Vu	262 West SR 434	Longwood, FL 32750

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

11/16/05 407-267-8803

Daytime Phone #

Nina & Holly Nails Boutique, Inc.
262 West SR 434
Longwood, FL 32750
November 16, 2005

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

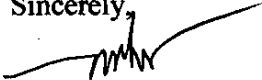
Ref: Document # 96000001751

Dear Sir/Madam,

I am writing to request for Reinstatement of the Corporate Status for the above mentioned entity-Nina & Holly Nails Boutique, Inc. Per the telephone instructions from Florida Department of State – Division of Corporations - official clerk named Tina stated that Nina & Holly will need to send in the enclosed Reinstatement form and a check in the amount of \$600 for the reinstatement fee. She stated that there should not be any penalty since the Annual Report Mails were returned to Division of Corporations, and further advised that Nina & Holly should recheck on the name availability.

Thank you for your time and effort in promptly responding to the above matter. If it is necessary, please let us know what we can do to assist in facilitating the process of reinstatement.

Sincerely,



Ninh T. Vu - President