

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 DEC -1 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000031440

1. Corporation Name

HEAVEN & EARTH NAIL SALON AND SPA, INC.

Principal Place of Business

981 N. NOB HILL ROAD
PLANTATION FL 33324

Mailing Address

981 N. NOB HILL ROAD
PLANTATION FL 33324

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 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 04/05/1996 | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Country | | 65 0667224 | |
| | | | | Applied For | |
| | | | | Not Applicable | |
| | | | | 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 |
|-------------|--------------------------------------|--|-----------------------|
| P | MALONE, DENISE | 1316 NW 126 AVE. | SUNRISE FL 33323 |
| V | MALONE, DARRELL | 1316 NW 126 AVE. | SUNRISE FL 33323 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

900002364399--3
-12/05/97--01082--010
****165.00 ****165.00

12/11/97

8. Name and Address of Current Registered Agent

MALONE, J. DENISE
1316 NW 126 AVE.
SUNRISE FL 33323

9. Name and Address of New Registered Agent

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

J. Malone

REGISTERED AGENT MUST SIGN

Date

Oct 29, 1997

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:

J. Malone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Oct 29, 1997

Daytime Phone #

954-370-1550

CR2000 (8/97)

Please except my check for
\$165.00

(2)

I did not receive the necessary
forms to file a Annual Report

Thank you
Dmalal