

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/05/1996

5. FEI Number

65-0667224

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	MALONE, DENISE	1316 NW 126 AVE. 3920 Hawks Ct	SUNRISE FL 33323 Weston FL 33331
V	MALONE, DARRELL	1316 NW 126 AVE. 3920 Hawks Ct.	SUNRISE FL 33323 Weston FL 33331

900003343789--9
08/02/00--01049--003
*****300.00 *****300.00

99-00 UBR TS

8. Name and Address of Current Registered Agent

MALONE, J. DENISE

~~1316 NW 126 AVE.~~ 3920 Hawks Ct
~~SUNRISE FL 33323~~ Weston FL 33331

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

J. Denise Malone
REGISTERED AGENT MUST SIGN

Date *June 10, 2000*

11. 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. Denise Malone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 10 2000
Date

Daytime Phone #

954-370-1550

CR2E040 (8/99)

TO whom it may concern:

Please except my request
to waive all penalties, I did
not receive the request in 1999
for the annual report because
of mail problems that I have at
my place of business I have enclosed
a check for 300.00. Also could
you please mail me any forms or
reports that I may need to file
for 2000 or 2001

Thank you again

Denise Malone