

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

**FILED**  
 98 NOV 30 PM 3:11  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P96000036452**

1. Corporation Name

**CLAWS NAIL SALON, INC.**

Principal Place of Business

Mailing Address

12719 N DALE MABRY HWY. UNIT B-108  
 TAMPA FL 33624

12719 N DALE MABRY HWY. UNIT B-108  
 TAMPA FL 33624

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

**REINSTATEMENT** *98*



2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

04/26/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3375599

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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	JENKINS, MARY	11805 CARROLLWOOD VILLAGE COVE	TAMPA FL 33624
VP	JENKINS, ERIC	11805 CARROLLWOOD VILLAGE COVE	TAMPA FL 33624

*[Handwritten Signature]*

800002702158--5  
 -12/03/98--01087--015  
 \*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BACCARELLA, DOMINIC J  
 4144 N ARMENIA AVE, SUITE 210  
 TAMPA FL 33607

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

**SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGN

Date **25 NOV 98**

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: *[Handwritten Signature]* **SIGNATURE REQUIRED**  
 SIGNATURE AND EXPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **11/21/98** Daytime Phone # **(813) 264-7711**

CR2E040 (9/98)