


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JAN 17 AM 9:09

**DOCUMENT # P96000057881**

1. Entity Name  
**HOT NAILS, INC.**



Principal Place of Business  
**15904 SW 137TH AVE  
MIAMI, FL 33177**

Mailing Address  
**15904 SW 137TH AVE  
MIAMI, FL 33177**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



11172005 REIN-P CR2E098 (6/04)

4. FEI Number  
**65-0679318**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**NGUYEN, HONG  
15904 SW 137TH AVE  
MIAMI, FL 33177**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$750.00  
After January 1, 2006, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVT NGUYEN, HONG 15904 SW 137TH AVE MIAMI, FL 33177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **11-29-05** (305) 905-5536  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

112

11720

212

December 28, 2005

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Hot Nails, Inc.  
P96000057881

Dear Andy Dunlap,

Enclosed is your correspondence dated December 8, 2005 requesting a \$600.00 reinstatement fee. I respectfully request that you waive this \$600.00 reinstatement fee due to reasonable cause.

We never received any correspondence from you prior to the Notice of Dissolution. Apparently, we should have received a card in the mail back in January. This card would have instructed us on renewal procedures. We never received the card. We were not aware that we were delinquent on anything. We pay all our bills on time. Due to the destruction we incurred during Hurricane Wilma, the assessment of this penalty will cause an undue hardship on our company.

Thank you for your consideration in this matter.

Sincerely,

Hong Nguyen  
President