


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P96000076037</b>		99 JUN -2 PM 1:41 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name <b>ELEGANT Nails of Tusawilla, Inc</b>			
Principal Place of Business <b>5695 Red Bug Lake Rd Winter Springs, FL 32708</b>		Mailing Address <b>(SAME)</b>	
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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida <b>09/12/1996</b>		5. FEI Number <b>59-3400331</b>	
		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		<b>\$8.75 Additional Fee required for a Certificate of Status</b>	
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, S, T, D	JACQUELYN GIBSON	5695 RED BUG LAKE ROAD	WINTER SPRINGS, FL 32708
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GEORGE HODGES 250 S. COUNTY ROAD 427, SUITE 116 LONGWOOD, FL 32750-5466		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> 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 <b>George Hodges</b> REGISTERED AGENT MUST SIGN		Date <b>5-28-99</b>	
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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: <b>Jacquelyn Gibson</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>5-28-99</b> (407) 695-1886 Daytime Phone #	

Merle Norman Cosmetic Studios  
&  
Elegant Nails of Tuscawilla Inc.  
5695 Red Bug Lake Road  
Winter Springs, Florida 32708

2

May 20, 1999

Florida Department of State  
Division of Corporations

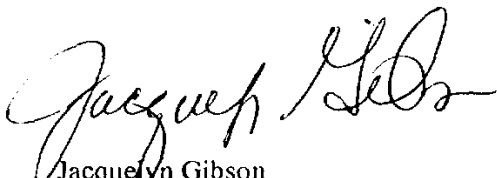
Re: Address correction

To Whom It May Concern,

After following up with Ms. Sprather on May 19, 1999 I was informed that my Profit Corporation Annual reports were being returned to her department because the addresses on the form were incorrect. Ms. Sprather notified me that I needed to complete the reinstatement form, and enclose a check in the amount of \$300.00 in order to be reinstated. The original reinstatement fee amount is \$750.00, but Ms. Sprather told me that the total amount due would be \$300.00 because they had the returned forms with the wrong address.

Thank you for your time in helping me handle this matter. If further information is needed, please contact me at your convenience Tuesday through Friday 10am to 8pm.

Thank you,

  
Jacquelyn Gibson  
President