

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P96000082588**

1. Corporation Name

**NILS NAILS AND BEAUTY WORKS, INC.**

Principal Place of Business

9652 S.W. 72 ST.  
MIAMI FL 33173

Mailing Address

5120 S.W. 96TH AVE.  
MIAMI FL 33165

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

FILED

99 NOV -3 PM 2: 16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT **99**

4. Date Incorporated or Qualified  
To Do Business in Florida

10/07/1996

SP

5. FEI Number

65-0696187

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
PD	LOPEZ, NILDA V	5120 SW 96TH AVE.	MIAMI FL 33165

000003046510--8  
-11/16/99--01104--013  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

LOPEZ, NILDA V  
5120 SW 96TH AVE.  
MIAMI FL 33165

9. Name and Address of New Registered Agent

Name **NILDA V. LOPEZ**  
Street Address (P.O. Box Number is Not Acceptable)  
**5120 SW 96 AVE**  
Suite, Apt. #, Etc.

City **MIAMI**

State **FL**

Zip Code

**33165**

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

**NILDA V. LOPEZ**  
REGISTERED AGENT MUST SIGN

Date **10/27-1999**

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 re-statement 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:

**NILDA V. LOPEZ**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/27/99 305-275-1084**  
Date Daytime Phone #

10/27/99

SECRETARY OF STATE:  
to whom it may concern:

I am sending this check for \$70.00  
to up date my status.

After sending 3 letters requesting  
the application which I never received,  
I called and left messages to  
your dept. I think this is very  
unfair b/c. I have always kept up to  
date the A. report.

I hope that this situation  
is clear. I am sure that I am not  
the only Co. in this situation.

Sincerely,

Milda V. Lopez  
65-0698187

NIL'S NAILS AND BEAUTY SALON  
INC.