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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

06 OCT 16 PH 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

DOCUMENT # P96000100614

1. Corporation Name

Pro Nails, Inc

2. Principal Office Address 12449 S. Dixie Highway Suite, Apt. #, etc. City & State Miami, FL Zip 33156		3. Mailing Office Address 12449 S. Dixie Highway Suite, Apt. #, etc. City & State Miami, FL Zip 33156	
Country USA		Country USA	

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 12/12/1996	
5. FEI Number 65-0767071	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Mai Nguyen		
Street Address (P.O. Box Number is Not Acceptable) 12449 S. Dixie Highway		
Suite, Apt. #, Etc.		
City Miami, FL	State FL	Zip Code 33156

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 10/09/2006

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PVS	Mai Nguyen	12449 S. Dixie Highway	Miami, FL 33156

10. 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 contained in Chapter 119, 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: *[Signature]* 10/09/2006 (305)278-9977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2010/19

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PRO NAILS, INC
12449 S. Dixie Highway
Miami, FL 33156

(954) 278-9977

October 9, 2006

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

Dear Sir/Madam:

Attached please find completed corporation Reinstatement form for my corporation.


I am requesting the corporation be reinstated and the fees waived because I did not receive the annual report notices for year 2005 or 2006. If I had received it I would have paid it without any delay.

I am also requesting verification of mailing address for future reports please so this may not happen again.

If you have any question, please do not hesitate to call me at the above number or write to me at the above address.

Thank you for your attention to the above and your promptness is greatly appreciated.

Sincerely,


Mai Nguyen
Pres.