## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

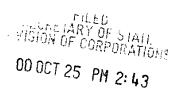
Secretary of State

DIVISION OF CORPORATIONS

## P97000093966 **DOCUMENT #**

1. Corporation Name

NAILS, FACE & BODY, INC.



Principal Place of Business Mailing Address							 	18 (21%) 138)) 38))}	111)) HONOTON (E		DJA SKAL KĖSK	
8976 NW 25 COURT Coral Springs FL 33065				8976 NW 25 COURT CORAL SPRINGS FL 33065								
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		incorrect in any way, li	ne through incorrect in	nformation ar	nd enter c	OHECHOH DOWN.				00		
			-	ling Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 10/31/1997					
Suite, Apt. #, etc.			Suite, Apt. #	Suite, Apt. #, etc.			5. FEI Number Applied For					
City & State			City & State	City & State			6.	65-0790			ot Applicable	
Zip Country		Country	Zip	Zip Countr			CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status					
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must								<b>-</b>				
Name of Officers and/or Directors				Street Address of Each Officer and/or Director			<u> </u>	4	City / St	ate / Zip		
D	MICHAELS, GAIL M			8976 NW 25 COURT				CORAL SPRINGS FL 33065				
		i i Benjih			80	0000 -11,	13 <b>454</b> /07/000 # <b>750</b> .00	888 1050	5 022			
								未來	**7 <del>50.00</del>	****		
							JAI	<u> </u>			f	
							Pr					
	,											
8. Name and Address of Current Registered Agent							9Name and Address of New Registered Agent					
BUTLER, BRUCE S					Gail Street Address (F			M. MICHAELS P.O. Box Number is Not Acceptable) N. W. 25 Court				
9709 WEST SAMPLE ROAD				8976			N.W. 25 Court					
CORAL SPRINGS FL 33065						Suite, Apt. #, Etc	Sorin	190,	Florid	le	0	
						City	7	0	State	Zip Code	065	
10. I, being	g appointed th	ne registered agent of the		•			bligations of Sect	ion 607.0505,	F.S.			
Signature of Registered Agent Agent Agent PAICHALLS QUIRED  REGISTERED AGENT MUST SIGN  Date 10/16/00												
11. I certify that the on 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.												
SIGNA	TURE: #	BailM	Michae		GAI	UMMic	HAELS	10/16/	 00 954	1-752-4	1565	
JIGHA	TORL.	GNATURE AND TYPED	OR PRINTED NAME OF	SIGNING OFF	ICER OR I	DIRECTOR		Date /	D	aytime Phone	#	