

**CORPORATION
REINSTATEMENT**



Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 22 AM 8:33

DOCUMENT #

1. Corporation Name

NAILS, FACE & BODY, INC.

P97000093966

2. Principal Office Address

6310 N.W. 63 Way

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

PARKLAND, FL.

City & State

Zip

33067

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

OCT. 31, 1997

5. FBI Number

EIN # 65-0790636

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GAIL M. Michaels

Street Address (P.O. Box Number is Not Acceptable)

6310 NW 63 WAY

Suite, Apt. #, Etc.

City

Parkland

State

FL

Zip Code

33067

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

Gail M. Michaels

REGISTERED AGENT MUST SIGN

Date

12/20/04

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
Pres.	Gail M. Michaels	6310 NW 63 Way	PARKLAND, FL. 33067

200043094622
12/01/04--J1013--016 **335.00

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 under section 119.07(3)(d), 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:

Gail M. Michaels

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/04

Date

954-675-1536

954-753-0603

Daytime Phone #

12/22/04

November 18, 2004

FLORIDA DEPARTMENT OF STATE
Secretary of State
Divisions of Corporations

RE: NAILS, FACE & BODY, INC.
Corporate Document # P97000093966
President, Gail M. Michaels

This letter is to notify you of an address change that took place in the year of 2002. However, as temporary domicile was necessary for one year, until permanent status was Achieved, the filing to renew the above named corporation became lost in the shuffle of addresses. *In addition Bruce Butler is to be removed as Registered Agent. He has left the area and is not able to be located.*

Therefore, I request, that the corporation be renewed, not re-instated, due to moving and address mail forwarding errors. The new address is:

NAILS, FACE & BODY, INC
6310 NW 63 Way
Parkland, FL. 33067

In addition, the \$~~335~~35.00 (~~three hundred and thirty five~~ *thirty five* dollars) renewal fee is enclosed.

Thank you for accepting this renewal. I can be reached at #954-675-1536 at any time if questions arise.

Sincerely,

Gail M. Michaels

Gail M. Michaels, President
NAILS, FACE, & BODY, INC.
EIN#:65-0790636