


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAY 19 AM 11:42

CORPORATION
Annual report



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000094301

1. Corporation Name

D'ELEZA BEAUTY NAIL, CORP.

2. Principal Office Address - No P.O. Box #

7287 S.W. 24TH STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33155

Country

USA

3. Mailing Office Address

7287 S.W. 24TH STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33155

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/06/1998

5. FEI Number
65-0877040

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARTHA L. CORAL

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

7287 S.W. 24TH STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33155

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Martha L. Coral

REGISTERED AGENT MUST SIGN

Date 05/14/2009

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
PD	MARTHA L. CORAL	7287 S.W. 24TH STREET	MIAMI, FL. 33155
DST	MARIA GAJARDO	2600 N.W. 28 STREET # 204	MIAMI, FL. 33142

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martha L. Coral

5/14/2009

Date

Daytime Phone #