

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED
Oct 30, 2003 8:00 A.M.
Secretary of State

DOCUMENT # **P99000011759**

1. Corporation Name

NAIL MART, INC.

Principal Place of Business

437 E SHERIDAN ST
DANIA FL 33004

Mailing Address

5880 SW 15TH STREET
PLANTATION FL 33317

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/05/1999

5. FEI Number

65-0944918

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
D	PHAM, HANG	760 S.W. 55TH AVE.	MARGATE FL 33068

8. Name and Address of Current Registered Agent

PHAM, HANG
5880 SW 15TH STREET
PLANTATION FL 33317

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Hang Qui Pham
REGISTERED AGENT MUST SIGN

Date

10/15/03

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 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.

SIGNATURE:

Hang Qui Pham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/03

Date

(954) 590-2008

Daytime Phone #

CR2E040 (7/03)

10/29/03

TO WHOM IT MAY CONCERN

— u —

ENCLOSED THE CHECK PAID FOR RENEWAL
PROFIT CORPORATION. THE REASON, I GETTING
LATER BECAUSE I DID NOT RECEIVE THE NOTICE
FROM JAN. TO MAY. THAT WHY I PAID
THE AMOUNT \$150.00. IF ANY YOUR
REQUEST PLEASE LET'S ME KNOWN.

SINCERELY



HONG QUI PHAM