

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P99000014795

00 OCT 18 AM 10:41

1. Corporation Name

NAILS BY ODILIA INC.

Principal Place of Business

Mailing Address

801 S.W. 8TH ST.
MIAMI FL 33130

801 S.W. 8TH ST.
MIAMI FL 33130

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

02/15/1999

5. FEI Number

65-0907237

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MONTEAGUDO, JUANA O	801 S.W. 8TH ST.	MIAMI FL 33130
			100003441861--5 -10/27/00--01025--009 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MONTEAGUDO, JUANA O
801 S.W. 8TH ST.
MIAMI FL 33130

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/14/00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/14/00

AFFIDAVIT WITH JURAT

State of Florida
County of Miami-Dade

Before me this day personally appeared **Juana O. Monteagudo**
being duly sworn, deposes and says that:

I, Juana O. Monteagudo, resident of 801 SW 8 Street Miami, FL
33130, declare that:

Under oath state that I did not receive the Annual Report for
Nails by Odilia Inc. Therefore, please waive the late fee and
reinstate the corporation by accepting payment of \$150 as we
have done what was instructed by one of your representatives. If
there are any questions please feel free to contact me.

 10/14/10
AFFIANT'S SIGNATURE
Juana O. Monteagudo

