

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 27 AM 9:03

DOCUMENT # P99000020204

1. Corporation Name

VIBRANAIL, INC.

2. Principal Office Address

9859B West Sample Road

Suite, Apt. #, etc.

City & State

Coral Springs, Florida

Zip

33065

Country

USA

3. Mailing Office Address

9859B West Sample Road

Suite, Apt. #, etc.

City & State

Coral Springs, Florida

Zip

33065

Country

REINSTATEMENT 00-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

March 3, 1999

5. FEI Number

65-0903331

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

Steven H. Shulman, Esquire

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

2255 Glades Road

Suite, Apt. #, Etc.

Suite 319-A

City

Boca Raton

State

FL

Zip Code

33431

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

REGISTERED AGENT MUST SIGN

Date

4/9/01

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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
P,S,D	Pamelia Zuckerbrod	5961 NW 99th Avenue	Parkland, Florida 33067
V,T,D	Ron Zuckerbrod	5961 NW 99th Avenue	Parkland, Florida 33067

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)(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

4-6-01 954) 155-8869

Daytime Phone #

CR2E081 (9/00)