

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 JUN 30 AM 8:00

**DOCUMENT # P99000020204**

**1. Corporation Name**

VIBRANAIL, INC.

**2. Principal Office Address**

9859 B WEST SAMPLE ROAD

**3. Mailing Office Address**

9859 B WEST SAMPLE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FL

City & State

CORAL SPRINGS FL

Zip

33065

Country

USA

Zip

33065

Country

USA

**REINSTATEMENT**

02-04  
MRS

**4. Date Incorporated or Qualified**

To Do Business in Florida 03/03/1999

**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, ESQ

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

2000 GLADES ROAD

Suite, Apt. #, Etc.

SUITE 410

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 06/29/2004

**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
PDS	PAMELIA ZUCKERBROD	5961 NW 99TH AVENUE	PARKLAND, FL 33067
VTD	RON ZUCKERBROD	5961 NW 99TH AVENUE	PARKLAND, FL 33067

300039085523  
07/14/04--01005--025 \*\*1058.75

**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:**

*Pamela Zuckerbrod*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-29-04 754-368-0558

Daytime Phone #

CR2ED01 (01/04)