

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 AUG 22 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000032973

1. Corporation Name

Nail Time of St. Augustine, Inc.

2. Principal Office Address

180 State Rd 312

Suite, Apt. #, etc.

City & State

St. Augustine, FL

Zip

32086

Country

St. John

3. Mailing Office Address

180 State Road 312

Suite, Apt. #, etc.

City & State

St. Augustine, FL

Zip

32086

Country

St. John

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-09/25/02--01051--001
***1050.00 ***1050.00

REINSTATEMENT 00-02

4. Date Incorporated or Qualified
To Do Business in Florida

4/12/99

5. FEI Number

59-3567957

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

FRANK LUU

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

180 STATE Road 312

Suite, Apt. #, Etc.

City

ST. Augustine

State

FL

Zip Code

32086

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

Frank Luu

REGISTERED AGENT MUST SIGN

Date

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
DP	FRANK LUU	180 State Road 312 ST. Augustine, FL 32086	
SDVT	Loan Vu	180 STATE Road 312	St. Augustine, FL 32086

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:

Frank Luu

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/02

Date

(604) 662-4718

Daytime Phone #