

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 DEC 19 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # p99000032973

1. Corporation Name

NAIL TIME OF ST AUGUSTINE, INC.

2. Principal Office Address

180 SR 312

Suite, Apt. #, etc.

City & State

ST AUGUSTINE, FL

Zip

32086

Country

ST JOHNS

3. Mailing Office Address

180 SR 312

Suite, Apt. #, etc.

City & State

ST AUGUSTINE, FL

Zip

32086

Country

ST JOHNS

4. Date Incorporated or Qualified
To Do Business in Florida

04-12-99

5. FEI Number

59-3567957

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

FRANK LUU

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

180 SR 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

Date

REGISTERED AGENT MUST SIGN

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 |
|--------|--------------------------------------|---|------------------------|
| P | FRANK LUU | 180 SR 312 | ST AUGUSTINE, FL 32086 |
| VP | LOAN LUU | 180 SR 312 | ST AUGUSTINE, FL 32086 |
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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

12/5/05 (904) 662-4718
Date Daytime Phone #