

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 MAY -6 AM 8:00

DOCUMENT #

1. Corporation Name

P99080034648
NAILS RIGHT NOW II OF Broward, INC.

2. Principal Office Address

8000 W. Broward Blvd.

Suite, Apt. #, etc.

125

City & State

Plantation, FL

Zip

33388

Country

Broward

3. Mailing Office Address

same as #2

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

02-04

MRD

4. Date Incorporated or Qualified
To Do Business in Florida

4/12/1999

5. FEI Number

650914931

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

Hoa Dang

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

8006 W. BROWARD Blvd.

Suite, Apt. #, Etc.

Suite 125

City

Plantation

State

FL

Zip Code

33388

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

May 2, 04

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 | Hoa Dang | 8000 W. BROWARD Blvd #125 | Plantation, FL 33388 |
| VP | Thuy Hoang Dang | " | " |
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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

Date

May 2 / 04

Daytime Phone #

954-444-9554

CR2E081 (01/04)