PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

P99000038316 DOCUMENT

1. Corporation Name

LEE NAILS OF FLORIDA, INC.

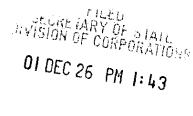
Principal Place of Business

Mailing Address

4125 CLEVELAND AVE., SUITE 132 FT. MYERS FL 33901

4125 CLEVELAND AVE., SUITE 132

FT. MYERS FL 33901



If above addresses are incorrect in any way, line through incorrect information and enter correction below.						REINSTATEMENT 07		
, , , , , , , , , , , , , , , , , , ,				ing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 04/27/1999		
Suite, Apt. #, etc. Suite, Apt.						5. FEI Number Applied For		
City & State			City & State			59-3604865	Not Applicable	
Zip		Country	Zip		Country	\$6.75	Additional Fee required Certificate of Status	
7. Names	and Street Ad	dresses of Each Officer and	f/or Director (Flo	orida nonprol	it corporations must list at le	st 3 directors)		
Title(s)	Fitle(s) Name of Officers and/or Directors			3	Street Address of Each Officer and/or Directo			
PS	LE, FREDERICK T			4329 SUMMIT CREEK BLVD #2109		ORLANDO FL 32837	ORLANDO FL 32837	
۷ī	VT LE, CATHERINE C			4329 SUA	MIT CREEK BLVD #210	ORLANDO FL 32837 4000047656 -01/10/02010		
							***750.00	
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						41.41		
Name and Address of Current Registered Agent Name						9. Name and Address of New Registered Agent		
LE, FREDERICK T 4329 SUMMIT CREEK BLVD APT. 2109 ORLANDO FL 32837				. ^		P.O. Box Number is Not Acceptable)		
					City	State Z	ip Code t .	
10. I, being	appointed the	e registered agent of the ab	ove named corp	oration, am f	amiliar with and accept the o	oligations of Section 607.0505, F.S.		

Signature of Registered Agen

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

11. 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 filling 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