

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 NOV 17 PM 2:32

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P99000039056**

1. Corporation Name

**FL NAILS**

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

**6395W COLONIAL DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**ORLANDO, FL**

Zip

Country

Zip

Country

**32818**

**ORANGE**

4. Date Incorporated or Qualified  
To Do Business in Florida

**4/26/1999**

5. FEI Number

**59-3572434**

☐ 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

**CUONG CHI LOU**

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

**3802 WEETAMOD CIR**

Suite, Apt. #, Etc.

City

**ORLANDO**

State

**FL**

Zip Code

**32818**

**500182833465**

**11/03/10--01012--012 \*\*608.75**

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]*

Date

**11/14/10**

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
<b>P</b>	<b>CUONG CHI LOU</b>	<b>3802 WEETAMOD CIR</b>	<b>ORLANDO, FL 32818</b>

*[Handwritten signature]*

**REINSTATEMENT**

10. E-mail Address: **NONE**

(To be used for future annual report notification)

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 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. I further certify, 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**11/14/10**

Daytime Phone #