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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

06 JAN 18 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000044278

REINSTATEMENT 04-06

1. Corporation Name
Protek Mail Inc

E. Peterson JAN 18 2006
CR2E081 (12/05)

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 10035 University Blvd | 10035 University Blvd |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Orlando FL | City & State: Orlando FL |
| Zip: 32817 Country: Orange | Zip: 32817 Country: Orange |

4. Date Incorporated or Qualified To Do Business in Florida: 5/10/99

5. FEI Number: 59-3574846 ☐ 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

500065504555
02/10/06--01012--018 **450.00

Name: Tram Le

Street Address (P.O. Box Number is Not Acceptable): 10035 University Blvd

Suite, Apt. #, Etc.:

City: Orlando State: FL Zip Code: 32817

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: Tram Le Date: 01-10-06
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 | Tram Le | 10035 University Blvd | Orlando FL 32817 |
| | | | |
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| | | | |
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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 contained in Chapter 119, 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: Tram Le Date: 01-10-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Jan. 10. 06

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To: Department of State
Division of Corporation

From: PROTEK NAILS, INC.
10035 UNIVERSITY BLVD
ORLANDO, FL 32817
Name: TRAM LE

To whom it may concern,

I did not receive the renewal notice from the department of State. Please forgive the reinstatement fee.
I enclose a check $450 for 2004 - 2005 - 2006 payments of $150 per year.
Please renew corporation for me.
I appreciate your kindness.

Sincerely your,

Tram Le

TRAM LE