

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 19 PM 12:52

DOCUMENT # P99000057712

1. Corporation Name

THE CORNER NAIL SHOPPE, INC.

Principal Place of Business

Mailing Address

2885 SOUTH FEDERAL HIGHWAY
SUITE A1
DELRAY BEACH FL 33483

2885 SOUTH FEDERAL HIGHWAY
SUITE A1
DELRAY BEACH FL 33483



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/25/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0929771

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	CAMPION, JENNIFER	2885 SOUTH FEDERAL HIGHWAY	DELRAY BEACH FL 33483
STD	CAMPION, CAROL	2885 SOUTH FEDERAL HIGHWAY	DELRAY BEACH FL 33483

300004669003-5

-11/06/01--01054--019

****150.00 ****150.00

10/16/01

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

CAROL J. CAMPION

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

2885 South Federal Highway

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33483

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Carol J. Campion
REGISTERED AGENT MUST SIGN

Date

10/16/01

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 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:

Carol J. Campion *Carol J. Campion*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/01

Daytime Phone #

561
274-8438

CR2E040 (8/01)

The Corner Nail Shoppe, Inc.
2885 S. Federal Highway
Delray Beach, Fl 33483

Fla Dept of State
Div of Corporations
PO Box 6327
Tallahassee, Fl 32314

October 16, 2001

To Whom It May Concern:

Re: Reinstatement of Dissolution/Revocation Corporation FEI # 65-0929771

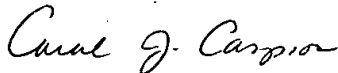
We never received the application for renewal for our corporation for the year of 2001. The previous business had the same name, but not incorporated. I can only guess that the renewal was returned to you in error or forwarded to the previous business and lost.

We pay our bills and take care of any business like this immediately if not the same day as received.

Please accept the enclosed application for reinstatement and the payment for the regular renewal. We would appreciate if you could abate the reinstatement fee. In January 2002, we will look for the next renewal, and if not received will notify you immediately.

Thanking you in advance for your assistance.

Sincerely yours,



Carol J. Champion