

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 10 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT #**

1. Corporation Name

Nails, Tanning, Etc...  
Doc# P99000067277

2. Principal Office Address

3. Mailing Office Address

6870 North Powerline Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Zip

Country

Zip

Country

33309

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

7/29/1999

5. FEI Number

65-0937498

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.75 Additional Fee required  
for Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Jackie Dixon

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

6870 North Powerline Road

Suite, Apt. #, Etc.

City

Fort Lauderdale

State  
FL

Zip Code  
33309

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

10/6/13

**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	Jackie Dixon	6870 North Powerline Road	Ftlaud, FL 33309
V	Beverly Pritchard	6870 North Powerline Road	Ftlaud, FL 33309

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

Daytime Phone #

*[Signature]*

10/6/13

7/10/10

CR2001 (1/02)

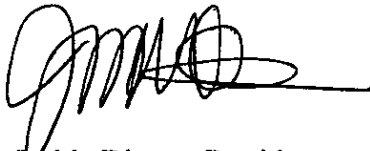
October 6, 2003

Nails , Tanning , Etc...  
6870 North Powerline Road  
Fort Lauderdale , Florida 33309  
(954) 972-8834  
Document # P99000067277

Dear Sir:

On October 3<sup>rd</sup> ,I went to the bank to open a new business account and was informed by the banking representative that my corporation was in an inactive status. This of course has come as a shock to me because I have never received anything concerning a renewal. I called the appropriate numbers earlier and was told that I should write this letter explaining that I did not receive any renewal information and that I am requesting that you waive the renewal penalty. I have enclosed a check for \$150.00 along with my reinstatement application. If there are any questions or a problem with my request, please call me at my place of business (954) 972-8834. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jackie Dixon', with a long horizontal flourish extending to the right.

Jackie Dixon , President