

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
05 FEB 28 PM 4:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name  
Sky Nails, Inc.

P99000098857

2. Principal Office Address  
3400 Radio Road

Suite, Apt. #, etc.  
104

City & State  
Naples, Florida

Zip  
34104

Country  
USA

3. Mailing Office Address  
3400 Radio Road

Suite, Apt. #, etc.  
104

City & State  
Naples, Florida

Zip  
34104

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida 10/27/1999

5. FEI Number Applied 521-77-9863 ☒ 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  
Doan, Hung

Street Address (P.O. Box Number is Not Acceptable)  
3400 Radio Road

Suite, Apt. #, Etc.  
104

City  
Naples

State  
FL

Zip Code  
34104

600047924246  
03/08/05--01016--016 \*\*1351.75

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

REGISTERED AGENT MUST SIGN

Date 2/24/05

**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
D	Doan, Hung	3400 Radio Road, #104	Naples, Florida 34104

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

2/24/05 239 263 1866

Date

Daytime Phone #

CR2E081 (01/05)