

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# S65659

**FILED**  
**Jul 15, 2013**  
**Secretary of State**

**Entity Name:** NAIL DEPOT - DELRAY, INC.

**Current Principal Place of Business:**

4801 LINTON BLVD  
DELRAY BCH, FL 33445 US

**New Principal Place of Business:**

4801 LINTON BLVD  
4B  
DELRAY BCH, FL 33445 US

**Current Mailing Address:**

NAIL DEPOT  
4801 LINTON BLVD  
DELRAY BEACH, FL 33445 US

**New Mailing Address:**

NAIL DEPOT  
4801 LINTON BLVD 4B  
DELRAY BEACH, FL 33445 US

**FEI Number:** 65-0271257

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

TOSTI, GREGORY  
4801 LINTON BLVD  
DELRAY BEACH, FL 33445 US

**Name and Address of New Registered Agent:**

TOSTI, GREGORY  
4801 LINTON BLVD  
4B  
DELRAY BEACH, FL 33445 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GREGORY TOSTI

07/15/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: TOSTI, GREGORY  
Address: 4801 LINTON BLVD 4B  
City-St-Zip: DELRAY BEACH, FL 33445

Title: PRES  
Name: TOSTI, MARISSA  
Address: 4801 LINTON BLVD 4B  
City-St-Zip: DELRAY BEACH, FL 33445

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GREGORY TOSTI

VP

07/15/2013

Electronic Signature of Signing Officer or Director

Date