

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine [unclear]
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 18 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S90331

1. Corporation Name

"Old"
114 LIVE OAK ST.

The Nail Boutique, Inc.

Principal Place of Business

"NEW"

Mailing Address

"NEW"

508 Canal St.
New Smyrna Bch FL
32168

307 Cherrywood Ln
Edgewater FL 32132

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

Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/28/91

5. FEI Number

59 3095998

Applied For
Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	DIXON CHERYL	307 CHERRYWOOD LN	Edgewater FL 32132
PD	DIXON ERNEST	307 Cherrywood Ln	Edgewater FL 32132

700002819067--91
-03/26/99--01004--005
****300.00 ****300.00

8. Name and Address of Current Registered Agent

Dixon, Cheryl
307 Cherrywood Ln
Edgewater FL 32132

9. Name and Address of New Registered Agent

Name

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

Suite, Apt #, Etc

City

State
FL

Zip Code

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

Cheryl Dixon

REGISTERED AGENT MUST SIGN

Date 3-9-99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 filed 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)(b), 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:

Cheryl Dixon CHERYL DIXON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-9-99 (904-423-3628)

CR2E08 (12/98)