


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000114677 1. Entity Name/ YEN'S NAIL SPA, INC.	
--	---

FILED

08 DEC -8 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 7767 LAKE WORTH ROAD LAKE WORTH, FL 33467	Mailing Address 22456 LOMBARD AVE BOCA RATON, FL 33428
---	--



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

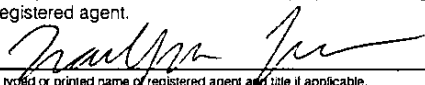
12022008 REIN-P CR2E098 (1/07)

4. FEI Number	Applied For
	Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TRUONG, HAI-YEN 22456 LOMBARD AVE BOCA RATON, FL 33428	Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold; font-size: 1.2em;">FL</div> Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	--

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRUONG, HAI-YEN			NAME			
STREET ADDRESS	22456 LOMBARD AVE			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33428			CITY-ST-ZIP	300138688123		
CITY-ST-ZIP	BOCA RATON, FL 33428			CITY-ST-ZIP	12/08/08--01046--001 **150.00		
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DANG, LANG			NAME			
STREET ADDRESS	22456 LOMBARD AVE			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33428			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: _____ DAYTIME PHONE #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #