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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 NOV 19 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000037910

1. Corporation Name

QUALITY CUTS BARBER SHOP, INC.

2514 E BUSCH BLVD
TAMPA, FL 33612

2. Principal Office Address

2514 E BUSCH BLVD

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33612

Country

Hillsborough

3. Mailing Office Address

TAMPA, FL 33612

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

04

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

73-1664087

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

FREEMAN N. COTTON, SR

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

2514 E BUSCH BLVD

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33612

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 11-17-04

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	FREEMAN N COTTON	2514 E BUSCH BLVD	TAMPA, FL 33612

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11/19/04--01049--009 **150.00

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 #

11-17-04

CR2E081 (01/04)

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