2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F62050 FILED FORTY-FIRST STREET BARBER SHOP, INC. 08 MOY 24 PH 5: 34 Mailing Address Principal Place of Business 860 EAST 41ST STREET *860 EAST 41ST STREET HIALEAH, FL 33013-2455 HIALEAH, FL 33013-2455 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Apt # etc. Suite, Apt. #, etc. City & State City & State 59-2520117 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CRUZ, IRAIN Street Address (P.O. Box Number is Not Acceptable) 860 EAST 41ST STREET HIALEAH, FL 33013 City 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. owe SIGNATURE sted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. After January 1, 2009, Fee will be \$300.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS PD ☐ Change TITLE Delete TITLE Addition MARRERO, MARIO NAME NAME STREET ADDRESS 860 EAST 41ST STREET STREET ADDRESS CITY+ST-ZIP HIALEAH, FL 33013 CITY-ST-ZIP ST TITLE ☐ Delcte TITLE ☐ Change Addition CRUZ, IRAIN NAME NAME 860 EAST 41ST STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP HIALEAH, FL 33013 CITY-ST-ZIP \$ 150.00 ☐ Change Delete TITI F Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-Z!P Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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. IRAIN CRUZ

Non 14, 2008

Le: Forty-First St. Borsensly
860 5.41 St.
Wallah Fla. 33013

Doewnent # F62050

Seinstatement Section Tallalussee, F/a. Gentleman: Berely I am sending Leistatement FORM for my conforation back in Morch 19/01 2 Sent a check for \$10000 to fey my away report and the check wo Cashel, left I never received any letter at refeet, on any letter informing my comporation was dessalue, I am sending a relistatement FORM to have my Conforation active relistatement form to have my felilion, please I appreciate your attention to my felilion, please reduce the shall all this bappened suithout having no brownledge of this situation. It further assistance is needed at respect, please let me bown about it.

Lucuely, Trapin (MB IRAIN CR42 SECRETARY