2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # K07103					ILED	
1. Entity Name SURFSIDE BARBER SHOP, INC.						
				08 MON -	-5 PM 3: 21	
Principal Plac		Mailing Address			RY OF STATE	
9431 HARDII Surfside, Fi		9431 HARDING AVE. SURFSIDE, FL 33154		TALLAHA	SSEE, FLORIDA	
				 	BII BIBH BIBK BIBK BIBK BIBK BIBK BI	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		REINSTATE	MENTOS	
City & Stat	е	City & State		4. FEI Number	Applied For	
Zip	Country	Zip	Country	65-0020224 5. Certificate of Status Desired	Not Applicable \$8.75 Additional	
}	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registe	Fee Required	
	'	Trogratured Agent	Name	_ }		
AMOR, ARAMIS 9431 HARDING AVE SURFSIDE, FL 33154			Street Address (P.O. Box Number is Not Acceptable)			
SURFSIDE	z, FL 33154					
			City		FL Zip Code	
	named entity submits this statement for	or the purpose of changing its	registered office or regi	stered agent, or both, in the State of Florida.	am familiar with, and accept	
SIGNATURE.	mani			10	31/08	
ordinatione.	Signature, typed or printed name of registered agent	and utle if applicable. (NOTE	E: Registered Agent signature re	equired when reinstating)	ATE	
	E NOW!!! FEE IS \$150.00 nuary 1, 2009, Fee will be \$300.0	90		In accordance with s. corporation did not re	607.193(2)(b), F.S., the ceive the prior notice.	
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS		
TITLE NAME	PSTD AMOR, ARAMIS	Delete	TITLE NAME		Change Addition	
STREET ADDRESS CITY-ST-ZIP	9431 HARDING AVE SURFSIDE, FL 33154		STREET ADDRESS CITY+ST-ZIP	80013767 11/05/0801032	<u>'0768.</u>	
TITLE	D	☐ Delete	TITLE		Change Addition	
NAME STREET ADDRESS	HERNANDEZ, MARICEL 13760 SW 9 TERR		NAME STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33184		CITY-ST-ZIP			
TITLE NAME		Delete	1 111LC			
STREET ADDRESS			NAME		☐ Change ☐ Addition	
CITY-ST-7IP			NAME STREET ADDRESS		☐ Change ☐ Addition	
CITY-ST-ZIP TITLE		☐ Delate	NAME		☐ Change ☐ Addition☐ Change ☐ Addition☐	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby of indicated of the corchanged	on this report or supplemental report is poration or the receiver or trustee emp, or on an attachment with an address.	Delete Delete This filing does not qualify for sirve and accurate and that no owered to execute this report	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THE exemptions contain as required by Chapter as required by Chapter	he same legal effect as if made under oath; the 607, Florida Statutes; and that my name appe	Change Addition Change Addition Change Addition Certify that the information at I am an officer or director ars in Block 10 or Block 11 if	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby of indicated of the core	on this report or supplemental report in poration or the receiver or trustee empty, or on an attachment with an address.	Delete Delete This filing does not qualify for sirve and accurate and that no owered to execute this report	HAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP THE exemptions contain my signature shall have to as required by Chapter TO AMY IS	he same legal effect as if made under oath; the 607, Florida Statutes; and that my name appe	Change Addition Change Addition Change Addition Change Addition	