

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # K41309

1. Entity Name
A CUT ABOVE THE REST GROOMINGDALES, INC.



Principal Place of Business
1860 COMMERCIAL DRIVE
FT. MYERS, FL 33901 US

Mailing Address
1860 COMMERCIAL DRIVE
FT. MYERS, FL 33901 US

FILED

05 FEB -3 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FL 32304



11012004 REIN-P CR2E098 (6/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0087051

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

DEL BROCCO-GODLEY, JOYCE K
582 SANFORD DRIVE
FORT MYERS, FL 33919

Name

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

City

FL

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

Joyce K Del Brocco Godley

Joyce K Del Brocco Godley
President

1-25-05

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME DEL BROCCO-GODLEY, JOYCE
STREET ADDRESS 582 SANFORD DR.
CITY-ST-ZIP FT. MYERS, FL

TITLE ☐ Change ☐ Addition
NAME 400046901824
STREET ADDRESS 02/21/05--01010--015 **900.00
CITY-ST-ZIP

TITLE President ☐ Delete
NAME Joyce K Del Brocco Godley
STREET ADDRESS 9475 Silver Pine Loop
CITY-ST-ZIP Ft Myers FL 33912

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Joyce K Del Brocco Godley

Joyce K Del Brocco Godley
1-25-05 (239) 277-0444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #