

PLEASE READ ALL INSTRUCTIONS BEFORE CC

FILED

2007 NOV 19 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000003835

1. Corporation Name

GOLDEN GATE BARBERS & SALON,
INC.

2. Principal Office Address - No P.O. Box #

11985 COLLIER BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

C/O HERB BUCK
5405 JAEGER ROAD

Suite, Apt. #, etc.

City & State

NAPLES, FLORIDA

City & State

NAPLES FL

Zip

34116

Country

COLLIER

Zip

34109

Country

NAPLES
COLLIER

REINSTATEMENT

CRZE081 (1/07)

06-07

4. Date Incorporated or Qualified
To Do Business in Florida

1-6-2000

5. FEI Number

59-3619547

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

JOE ZANTA

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

11985 COLLIER BLVD.

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34116

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/12/07

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
<u>P</u>	<u>JOE ZANTA</u>	<u>SAME AS ABOVE</u>	

400112389594
11/19/07--01003--007 **300.00

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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/12/07

Daytime Phone #

11/21/07