

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000023555**

1. Corporation Name

PEPE'S BARBER SHOP, INC.

Principal Place of Business

Mailing Address

**10760 WEST FLAGLER STREET
SUITE 4
MIAMI FL 33174**

**10760 WEST FLAGLER STREET
SUITE 4
MIAMI FL 33174**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/07/2000

5. FEI Number

65-0988919

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	LAGE, JOSE L	10760 WEST FLAGLER STREET	MIAMI FL 33174

000004752490--5
01/07/02-01011-005
******158.75 ****158.75**

01 UBR

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**LAGE, JOSE L
10760 WEST FLAGLER STREET
SUITE 4
MIAMI FL 33174**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/7/01

11. 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:

JOSE L. LAGE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/7/01

Daytime Phone #

977

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PEPE'S BARBER SHOP, INC.
10760 WEST FLAGLER STREET
SUITE # 4
MIAMI, FL 33174

December 19, 2001

Florida Department of State
Division of Corporations
409 Gaines Street
Tallahassee, FL 32399

REFERENCE: DOCUMENT # P00000023555

ATTENTION: TYRONE

Dear Tyrone:

Thank you very much for taking the time to talk to my Accountant today, please see that I had send to you a letter with my check for \$158.75 and the Reinstatement form back on October 25th of this year.

You can be assured that I never did received the Annual Business Report.

Please wave the \$600.00 fee; I am a man trying to build an honest business.

Thank you very much for your cooperation,

Sincerely,


Jose L. Lage