

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT** FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED** 10/22

01 OCT 29 PM 4:55

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P00000065433

1. Corporation Name

The Art of Shaving Inc

Principal Place of Business	Mailing Address
8491 NW 17th St Miami, FL 33126	8491 NW 17th St Miami, FL 33126

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/07/2000	
City & State		City & State		5. FEI Number	
				582559353	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
DPST	Malka, Eric	8491 NW 17th St	Miami, FL 33126
			900004691549--3 -11/21/01--01090--005 ****150.00 ****150.00
			ILS

8. Name and Address of Current Registered Agent

Razla, Alan N CPA  
 3218 Stirling Road  
 Hollywood, FL 33021

9. Name and Address of New Registered Agent

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 \_\_\_\_\_ Date \_\_\_\_\_  
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/22/01 Daytime Phone # 2055930667

AICPA MEMBER

Tax & Accounting Office of

NHSCPA MEMBER

**ALAN N. RAZLA, PA.**

(954) 983 - 9394 Tel  
(954) 983 - 6799 Fax

E-mail: [wwwcpa@netzero.net](mailto:wwwcpa@netzero.net)

**Florida Office:**  
ALAN N. RAZLA, PA  
3218 Stirling Road  
Hollywood, Florida  
33021

**NH Office**  
ALAN N. RAZLA, CPA  
Certified Public Accountant  
26 South Main St. Suite 521  
Concord, NH 03301

B"H

October 17, 2001

Fl Dept. of State  
Fl Div. of Corp.

RE: The Art of Shaving Inc.  
Application for Reinstatement  
Document No. P00000065433

Dear Sir or Madam:

I am writing to you on behalf of The Art of Shaving, Inc., to request a waiver of penalties associated with reinstatement of this corporation. This request is based on the fact that this entity, our office or their attorney did not receive a preprinted form from the State.

Enclosed please find a copy of the form we obtained from the internet. The company has made a good faith effort to meet the state's filing requirement.

I thank you in advance for your help.

Sincerely,

  
Alan N. Razla, PA

anr:dn