

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**FILED**

2006 OCT -4 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000068101

**1. Corporation Name**

The Jagged Edge Barbers, Inc.  
825 NW 119 Street  
Miami FL 33168

**2. Principal Office Address**

825 NW  
119 St Miami FL 33168

**3. Mailing Office Address**

3600 S State Rd 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Miramar FL

Zip

33168

Country

Dade

Zip

33023

Country

Broward

**4. Date Incorporated or Qualified  
To Do Business in Florida**

07/17/2000

**5. FEI Number**

65-1025063

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

Louise Pruitt

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

3600 S State Rd 7

Suite, Apt. #, Etc.

329

City

Miramar

State

FL

Zip Code

33023

**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

Date

REGISTERED AGENT MUST SIGN

**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
P	Louise Pruitt	3600 S State Rd 7	Miramar FL 33023

**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:

*Louise Pruitt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-25-06-934-347-9474  
Date

Daytime Phone #

10/6/06