

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 21 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 00000106780

1. Corporation Name

mick's Barber Shop, Inc.

2. Principal Office Address

11522 W. STATE Rd. 84

Suite, Apt. #, etc.

9

City & State

Davie FL

Zip

33325

Country

Broward

3. Mailing Office Address

11522 W. STATE Rd. 84

Suite, Apt. #, etc.

9

City & State

Davie FL

Zip

33325

Country

Broward

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

11-15-00

5. FEI Number

651055276

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

EVAN McDONOUGH

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

1601 SW 52 AVE.

Suite, Apt. #, Etc.

City

Plantation FL

State

FL

Zip Code

33317

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

Evan McDonough

Date 4-6-04

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
President	EVAN McDONOUGH	1601 SW 52 AVE	Plantation FL 33317

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 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:

Evan McDonough

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-04

Date

954-472-9447

Daytime Phone #

2008

Mick's Barber Shop Inc.

11522 W. State Rd. 84 Suite 9

Davie, FL 33325

954-472-9447

Florida Department of State

P.O. Box 6327

Tallahassee, FL 32314

To Whom it may concern:

I own Mick's Barber Shop, and have been registered as a corporation since November 15, 2000. At this time, I need to reinstate my business. Last year I did not receive my 2003 paperwork to pay the \$150.00 fee. I moved before the 2003 paperwork arrived. Although I did put in a change of address, I never received the paperwork to reinstate the business. At this time I would like to pay the fee for both 2003 and 2004 and am enclosing a check for \$300.00 along with the reinstatement form.

Document number: P00000106780

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Sincerely,

Evan McDonough

Owner/ President