PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN 26 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00001078 94

1. Corporation Name

BIG BOYS BARBER SHOP INC.

REINSTATEMENT 02-07

500021164525
03178/03--01084--008 **900.00

2. Principal Office Address	3. Mailing Office Address
7613 N 56TH ST.	10514 EGRET HAVEN LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA FL	City & State: RIVERVIEW FL
Zip: 33617 Country: HILLSBOROUGH	Zip: 33569 Country: HILLSBOROUGH

4. Date Incorporated or Qualified To Do Business in Florida 11/20/2000

5. FEI Number 59-3618695 ☐ 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: JAMES L ARCHER

Street Address (P.O. Box Number is Not Acceptable): 10514 EGRET HAVEN LANE

Suite, Apt. #, Etc.:

City: RIVERVIEW State: FL Zip Code: 33569

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: James Archer
REGISTERED AGENT MUST SIGN

Date: 6-12-03

CR2E081 (10/02)

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
D	JAMES L ARCHER	10514 EGRET HAVEN LANE	RIVERVIEW FL 33569

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: James Archer — 6-12-03 — 813-242-6822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JP 6/27