

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY -3 PM 4: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000012519

1. Corporation Name

GENTLEMEN'S CHOICE
BARBERS INC.

2. Principal Office Address

3. Mailing Office Address

558 EAST WOODBRIGHT "SAME"

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOYNTON BCH FL

"SAME"

Zip

Country

Zip

Country

33435

PALM BCH

33435

PALM BCH

4. Date Incorporated or Qualified
To Do Business in Florida

1/31/2001

5. FEI Number

65-1074128

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

ROBERT E. FINLEY

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

558 E. WOODBRIGHT RD.

Suite, Apt. #, Etc.

City

BOYNTON BCH, FL

State

FL

Zip Code

33435

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

Robert E. Finley

REGISTERED AGENT MUST SIGN

Date

7/31/05

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	ROBERT E. FINLEY	558 E WOODBRIGHT RD	BOYNTON BCH, FL 33435
VICE PRES	" "	" "	" "
SECRETARY	" "	" "	" "

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

Robert E. Finley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/31/05

Daytime Phone #

561-5031242

CR2E081 (01/05)