

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 31 PM 5:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000109041

1. Corporation Name

HIGH PERFORMANCE BARBER SHOP, INC.

Principal Place of Business

7400 NORTH SOUTH RIVER DR.
MEDLEY FL 33166

Mailing Address

7400 NORTH SOUTH RIVER DR.
MEDLEY FL 33166



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/13/2001

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$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) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| D | MARTINEZ, CARLOS W | 7400 NORTH SOUTH RIVER DR. | MEDLEY FL 33166 |
| | | | |
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| | | | |
| | | | |

500008733365
10/31/02-01101-011 **150.00

8. Name and Address of Current Registered Agent

MARTINEZ, CARLOS W
7400 NORTH SOUTH RIVER DR.
MEDLEY FL 33166

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. or 617.0505, F.S.

Signature of
Registered Agent

CARLOS MARTINEZ
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/28/02

11. 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: *CARLOS MARTINEZ*
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/02

Date

786-412-4151

Daytime Phone #

CR2E040 (8/02)

High Performance Barber Shop
7400 North south River Drive
Medley, Florida 33166
October 28, 2002

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
PO BOX 6327
Tallahassee Fl. 32314-6327

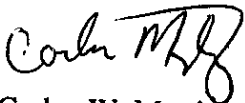
Corporation: High Performance Barber Shop
Document Number: P01000109041

To Whom It May Concern:

I have received a notice of administrative dissolution or revocation stating that I have not filed the annual report/uniform business report but I have not received the first nor second corporation annual report/uniform business report. I called and spoke to a representative. I was told to write in respond to this issue and send a payment of one-hundred and fifty dollars (\$150.00). Along with this letter you will find check number 1025 for the amount of one-hundred and fifty dollars (\$150.00).

If there is any documentation that I must fill out, please send me those documents.

Thank you,



Carlos W. Martinez