

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000056997**

1. Corporation Name

TRITON BARBER SHOP, INC.

Principal Place of Business

**2755 COLLINS AVENUE
MIAMI BEACH FL 33140**

Mailing Address

**2755 COLLINS AVENUE
MIAMI BEACH FL 33140**

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 **33140-4405** Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip **33140-4405** Country

FILED
03 NOV 14 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

01-0601514 05/22/2002

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
PD	GALEANO, OSCAR	2755 COLLINS AVENUE	MIAMI BEACH FL 33140 - 4405

200024705632
11/14/03--01042--004 **150.00

8. Name and Address of Current Registered Agent

**GALEANO, OSCAR
2755 COLLINS AVENUE
MIAMI BEACH FL 33140 - 4405**

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

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

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:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OSCAR GALEANO
President

Nov. 10, 2003 (305) 534-3125

Date

Daytime Phone #

CR2E040 (7/03)

Nov. 10th, 2003

Florida State
Dept of State

Attn. Ms Tina

Dear Tina:

After call you, I, Oscar Galeano, president of Zeton
Boats Shop, Inc. a Florida Corporation, hereby come
to ask for a waiver on fees for administrative dissolution,
based in the following.

- 1: I moved to Florida recently and I not familiar with
Florida Corporation procedure
- 2: I didn't receive the UBR form
- 3: I have all my county & city license updated
- 4: my business is a small, and I work alone
- 5: I can't afford to large fees.

I would appreciate your understanding on this
matter, always at your order at (305) 534-3125,
thanks anyway.

Sincerely

