

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 702000089985

1. Corporation Name

Freddys Barber Shop Inc.

000024605740
11/12/03-01025-012 **50.00

REINSTATEMENT 03

2. Principal Office Address

11300 NW 87 ct

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite 159

Suite, Apt. #, etc.

City & State

Miami Gardens FL

City & State

Zip

33016

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-0236030

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

MARCELO AGUDO

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

2333 PONCE DE LEON Blvd PH 1120

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

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

REGISTERED AGENT MUST SIGN

Date 10/30/03

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
P	Anthony CASTANON	1401 SW 135 Terr. #402	Pembroke Pines FL 33027
VP	Anthony CASTANON	1401 SW 135 Terr. #402	Pembroke Pines FL 33027
Sec.	Anthony CASTANON	1401 SW 135 Terr. #402	Pembroke Pines, FL 33027

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:

Anthony Castanon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/03

Date

305-38-9373

Daytime Phone #

CR2E081 (10/02)