

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 MAR 19 PM 1:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000095786**

1. Corporation Name

**Rob's Barber Shop, Inc.**

2. Principal Office Address - No P.O. Box #

**1890 PROVIDENCE BLVD**

Suite, Apt. #, etc.

**SUITE Q**

City & State

**DELTONA, FL**

Zip

**32725**

Country

**USA**

3. Mailing Office Address

**3214 ALLANG COURT**

Suite, Apt. #, etc.

City & State

**DELTONA, FL**

Zip

**32725**

Country

**USA**

**REINSTATEMENT**

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**56-2292579**

☐ 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

**VALDERRAMA PARTNER'S LLC**

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

**1870 PROVIDENCE BLVD.**

Suite, Apt. #, Etc.

**SUITE K**

City

**DELTONA**

State

**FL**

Zip Code

**32725**

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

**Carl V. ...**  
REGISTERED AGENT MUST SIGN

Date **3-6-08**

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
<b>D</b>	<b>ROBERT MUNIZ</b>	<b>3214 ALLANG COURT</b>	<b>DELTONA, FL 32725</b>

**400120652294**

03/19/08--01006--008 \*\*450.00

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-11-07**

Date

Daytime Phone #



**VALDERRAMA PARTNERS, LLC**

BUSINESS CONSULTANTS • TAX SERVICES • MORTGAGE SERVICES

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March 13, 2008

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: P02000095786 Reinstatement

To Whom It May Concern:

Please use this letter as an explanation that our newly acquired client "Rob's Barber Shop, Inc. (P02000095786)" was not aware that their corporation had been administrative dissolved by the Florida secretary of State since 2005.

According to our client, they did not received any prior notices regarding the status of the corporation and their primary mailing address has been changed since, therefore, on behalf of our client, we are requesting that their reinstatement fees be waived.

Enclosed; is the reinstatement application along with a payment for the amount of \$450.00 for each year of dissolution and to include the 2008 annual report filing.

We hope that their request be granted.

Respectfully,

Carlos Valderrama  
Register Agent