

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED
DIVISION OF CORPORATIONS
06 MAY 10 AM 10:46

DOCUMENT # P02000102705

1. Corporation Name

NEW YORK NEW YORK BARBER INC

2. Principal Office Address

5742 W FLAGLER ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33144

Country

USA

3. Mailing Office Address

5742 W FLAGLER ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33144

Country

USA

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

9-23-02

5. FEI Number

35-2184584

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

ROBERTO JELDREZ

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

5742 W FLAGLER ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33144

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

[Signature]

Date *05-05-06*

REGISTERED AGENT MUST SIGN

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	ROBERTO JELDREZ	5742 W FLAGLER ST	MIAMI, FL 33144

REINSTATEMENT

[Signature]

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

Date

05-05-06

Daytime Phone #

305 264 5588