

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192
FILED

06 NOV 21 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
11/21/06--01037-009 **150.00

REINSTATEMENT 06

11/21/06--01037-009 **150.00

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

10/17/2002

5. FEI Number

37-1446162

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

FRANKEL FRANKLIN

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

1940 NW 119th ST

Suite, Apt. #, Etc.

City

MIAMI GARDENS

State

FL

Zip Code

33056

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

11/10/06

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	MARIE S. MORISSEAU	1940 NW 119 th ST	Miami Gardens, FL 33056
VP	FRANKEL FRANKLIN	1940 NW 119 th ST	Miami Gardens, FL 33056

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

11/10/06

Date

305-899-0019

Daytime Phone #

Attn: Dept. of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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RE P02000112222, Solution Barber Shop, Inc.

Dear Sir Madam:

I did not receive an annual report because I have a new address. I was instructed by a representative from Dept. of State to sent a corporation reinstatement form with the fee of \$150.00 with the new address.

Thank you
Marie S. Morisseau

A handwritten signature, likely of Marie S. Morisseau, is written over a horizontal line. The signature is stylized and appears to be a cursive 'M' followed by some less distinct characters.