

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

2006 AUG 11 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000051322

1. Corporation Name

Upscale Barber Shop, Inc.

2. Principal Office Address

4512 W. HANNA Ave.

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33614

Country

USA

3. Mailing Office Address

P.O. Box 495697

Suite, Apt. #, etc.

City & State

Port Charlotte FL

Zip

33949

Country

USA

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5/8/03

5. FEI Number

☒ 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

Luis A. Rivera

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

4512 W. HANNA Ave.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33614

REINSTATEMENT

04-04

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

L. A. Rivera

REGISTERED AGENT MUST SIGN

Date 8.7.06

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.	Luis Rivera	4512 W HANNA	Tampa FL 33614
VP	Luis Rivera	4512 W HANNA	Tampa FL 33614
Sec	Luis Rivera	4512 W HANNA	Tampa FL 33614
Tr.	Luis Rivera	4512 W HANNA	Tampa FL 33614

08/16/06--01024--022 **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:

L. Rivera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8.7.06

Date

Daytime Phone #



Popper

August 7, 2006

To: Division of Corporations

From: Luis A. Rivera

RE: Reinstatement of UPSCALE BARBER SHOP, INC.
P03000051322

To Whom It May Concern:

As to my conversation with an employee of the Department of Corporations I was instructed to submit this package along with a check for \$450.00. I am asking you to please waive the reinstatement fee because I never received a reinstatement card.

Thank you very much for your assistance in resolving this matter in a timely fashion.

Respectfully,

A handwritten signature in cursive script, appearing to read "L. Rivera", written in black ink.

Luis A. Rivera