


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 04 NOV 29 AM 11:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA																																					
DOCUMENT # 003 0000 79929																																									
1. Corporation Name Clean Cuts Barber & Beauty Shop, Inc.																																									
2. Principal Office Address 2660 N University Dr Suite, Apt. #, etc. City & State Sunrise, Florida Zip 73062 Country USA			3. Mailing Office Address 3146 NW 68 Street Suite, Apt. #, etc. Ste. No. 1 City & State Fort Lauderdale, FL Zip 33309 Country USA																																						
			4. Date Incorporated or Qualified To Do Business in Florida																																						
			5. FEI Number 68-1199469																																						
			6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$875 Additional Fee required for a Certificate of Status																																						
7. Name and Address of Current Registered Agent																																									
Name Melvin B. Dale																																									
Street Address (P.O. Box Number is Not Acceptable) 1027 W. Jasmine Lane																																									
Suite, Apt. #, Etc.																																									
City North Lauderdale			State FL		Zip Code 33068																																				
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 Clifton H. Rodriguez REGISTERED AGENT MUST SIGN																																									
Date 07/28/2004																																									
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																																									
<table border="1"><thead><tr><th>Titles</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>President</td><td>Melvin Dale</td><td>1027 W. Jasmine Lane</td><td>North Lauderdale, FL 33068</td></tr><tr><td>CEO/Dir</td><td></td><td></td><td></td></tr><tr><td>Board</td><td>Clifton H. Rodriguez, CPA</td><td>3146 NW 68 Street</td><td>F. Lauderdale, FL 33309</td></tr><tr><td>Admstr</td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	President	Melvin Dale	1027 W. Jasmine Lane	North Lauderdale, FL 33068	CEO/Dir				Board	Clifton H. Rodriguez, CPA	3146 NW 68 Street	F. Lauderdale, FL 33309	Admstr																			
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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: Melvin Dale Melvin Dale SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																									
Date 7-28-04 Daytime Phone # (954) 748-3806																																									

CR2E081 (10/02)