

2005 FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000085813

1. Entity Name
CARL'S OLD TIME BARBER SHOP, INC.



FILED

05 MAR 24 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**9021 SOUTHERN ORCHARD RD. N.
DAVIE, FL 33328**

Mailing Address
**9021 SOUTHERN ORCHARD RD. N.
DAVIE, FL 33328**

2. Principal Place of Business
CARL'S Old Time BS

3. Mailing Address
665 NW 110th AVE

Suite, Apt. #, etc.
117 WESTON RD

Suite, Apt. #, etc.

City & State
WESTON, FL.

City & State
PLANTATION, Florida

Zip
33331

Country
USA

Zip
33324

Country
USA



4. FEI Number
86 107 7198

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**IAGROSSI, CARL JR.
9021 SOUTHERN ORCHARD RD. N.
DAVIE, FL 33328**

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Carl Jr. Iagrossi* President DATE: **2/7/05**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD President IAGROSSI, CARL JR. 9021 SOUTHERN ORCHARD RD. N. DAVIE, FL 33328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IAGROSSI, CARL JR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 665 NW 110th AVE PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD IAGROSSI, NANCY <input checked="" type="checkbox"/> Delete 102 N.E. 13TH ST. DELRAY BEACH, FL 33444	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000049736650 04/04/05--01003--009 ***300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carl Jr. Iagrossi* DATE: **2/7/05** (954) 474 2816

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR