

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



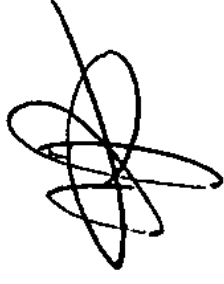
DOCUMENT # P03000125220					
1. Entity Name GLICK'S BARBERSHOP, INC.					
Principal Place of Business 5700 OKEEHOBEE BLVD., #724 WEST PALM BEACH, FL 33417			Mailing Address 5700 OKEEHOBEE BLVD., #724 WEST PALM BEACH, FL 33417		
2. Principal Place of Business 6159 LAKE WORTH RD.		3. Mailing Address 6765 MONTEGO BAY BLVD.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LAKE WORTH, FL		City & State BOCA RATON, FL		4. FEI Number 51-0485881	
Zip 33463	Country USA	Zip 33433	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERKOWITZ, JACK 4787 NW. 9TH AVE. POMPANO BEACH, FL 33064			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: <u>Jack Berkowitz</u> 3/4/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
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	P GLICK, LISA 5700 OKEEHOBEE BLVD., #724 WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GLICK, LISA 6765 MONTEGO BAY BLVD. BOCA RATON, FL 33433	<input checked="" 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	400049907804 04/05/05--01054--016 **150.00	<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	400049907804 04/05/05--01054--017 **150.00	<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	REINSTATEMENT 04-05	<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 changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <u>[Signature]</u> 3/7/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

March 7, 2005

To Whom It May Concern,

"We never received your UBR Form because the landlord sold the building without notice and I was forced to move out.

Thank you,

A stylized, handwritten signature in black ink, consisting of several overlapping loops and a long horizontal stroke.