

**2007 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Feb 12, 2007  
Secretary of State**

DOCUMENT# P05000061810

Entity Name: BEST BARBER SHOP, INC.

**Current Principal Place of Business:**

1439 NE 4TH AVE.  
FT. LAUDERDALE, FL 33304

**New Principal Place of Business:**

**Current Mailing Address:**

1439 NE 4TH AVE.  
FT. LAUDERDALE, FL 33304

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAURENT, ELIE  
230 NE 38TH ST., APT. 2  
OAKLAND PARK, FL 33334      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: ELIE LAURENT

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:                      D                      ( ) Delete  
Name:                      LAURENT, ELIE  
Address:                      230 NE 38TH ST., APT. 2  
City-St-Zip:                      OAKLAND PARK, FL 33334

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      D                      (X) Change ( ) Addition  
Name:                      LAURENT, ELIE  
Address:                      621 E DAYTON CIR  
City-St-Zip:                      FORT LAUDERDALE, FL 33312

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIE LAURENT

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

D

02/12/2007

\_\_\_\_\_  
Date