

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000154999

1. Entity Name
TC BARBERSHOP INCORPORATED



FILED

09 SEP -3 AM 11:40

SECRETARY OF STATE
PALM BEACH, FL 33402

Principal Place of Business

11565 SW 215 ST
MIAMI, FL 33189

Mailing Address

11565 SW 215 ST
MIAMI, FL 33189

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

SAME

09022009

REIN-P

CR2E098 (1/07)

4. FEI Number

43-2098320

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSA, LUIS A
11565 SW 215 ST
MIAMI, FL 33189

7. Name and Address of New Registered Agent

Name LUIS A. ROSA

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

1024 NE 42 PL

City HOMESTEAD

FL

Zip Code 33033

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9-2-09

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

TITLE P ☐ Delete
NAME ROSA, LUIS A
STREET ADDRESS 11565 SW 215 ST
CITY-ST-ZIP MIAMI, FL 33189

TITLE VP ☐ Delete
NAME ROSA, ANTHONY
STREET ADDRESS PMB 388 DRIVE IN PLAZA 2135 SUITE 15
CITY-ST-ZIP BAYAMON, P.R. 00959,

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME NEW ADDRESS
STREET ADDRESS 1024 NE 42 PL
CITY-ST-ZIP HOMESTEAD FL 33033

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-2-09

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