


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

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|--|--|---|
| DOCUMENT # P07000050748                    |  |  |
| 1. Entity Name<br>MAIN STREET HAIRCUTS INC |  |   |

FILED  
09 OCT 31 PM 4:31  
STATE  
OF FLORIDA

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| Principal Place of Business<br>7932 SOUTHSIDE BLVD<br>2505<br>JACKSONVILLE, FL 32256 | Mailing Address<br>7932 SOUTHSIDE BLVD<br>2505<br>JACKSONVILLE, FL 32256 |
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| 2. Principal Place of Business - No P.O. Box #<br>14985 Old St Augustine<br>Suite, Apt. #, etc.<br># 111 | 3. Mailing Address<br>14985 Old St Augustine<br>Suite, Apt. #, etc.<br># 111 |
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|---------------------------------|---------------------------------|
| City & State<br>JACKSONVILLE FL | City & State<br>JACKSONVILLE FL |
| Zip<br>32258                    | Zip<br>32258                    |
| Country<br>USA                  | Country<br>USA                  |



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| 4. FEI Number<br>20-8925489  |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required  |  |  |
| 6. Name and Address of Current Registered Agent<br>BUTLER, MICHAEL E<br>7932 SOUTHSIDE BLVD<br>2505<br>JACKSONVILLE, FL 32256  |  |  |
| 7. Name and Address of New Registered Agent<br>Name<br>MICHAEL BUTLER<br>Street Address (P.O. Box Number is Not Acceptable)<br>14985 OLD ST AUGUSTINE ROAD<br># 111<br>City<br>JACKSONVILLE FL Zip Code<br>32258 |  |  |

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 Michael Butler DATE 10-25-08  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$750.00<br>After January 1, 2009, Fee will be \$900.00 |
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| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>BUTLER, MICHAEL E<br>7932 SOUTHSIDE BLVD SUITE 2505<br>JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P<br>BUTLER, MICHAEL E<br>14985 OLD ST AUGUSTINE ROAD # 111<br>JACKSONVILLE, FL 32258 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 100137522731<br>10/31/08--01018--012 **758.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 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: Michael Butler DATE 10-25-08 DAYTIME PHONE # 904 855-7396  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR