

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 15 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000113915

1. Corporation Name

AMIGOS BARBERSHOP INC

2. Principal Office Address - No P.O. Box #

13781 E. Colonial Dr

Suite, Apt. #, etc.

B

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Orlando

City & State

Zip

32826

Country

US

Zip

Country

900172271919

03/16/10--01008--003 **908.75

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

10-16-2007

5. FEI Number

26-1251837

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Wilson Merino Brosos

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

1072 Chatham Break St

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32828

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Wilson M Brosos

Date 03-1-10

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Wilson Merino Brosos	1072 Chatham Break St	Orlando FL 32828
vp/s	Wilson Moises Brosos	415 River Song Ct	Orlando FL 32828

REINSTATEMENT

RH

10. E-mail Address:

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Wilson M Brosos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-1-10

Date

Daytime Phone #