

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 DEC -7 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P08000014887

1. Corporation Name

1 Touch Barbershop, Inc.

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

450 S. Cypress Road

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33068

Country

US

3. Mailing Office Address

450 S Cypress Road

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33068

Country

US

REINSTATEMENT 10-11

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

2/8/08

5. FEI Number

26-19380000

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

Ana R. Conde

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

16931 SW 5 Court

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33326

Handwritten signature

200214967632
12/07/11--01025--013 **900.00

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

REGISTERED AGENT MUST SIGN

Date

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	Ana R. Conde	16931 SW 5 Court	Weston, FL 33326

10. E-mail Address: dorcas@rcgaccountants.com

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Ana R. Conde

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/7/11

Daytime Phone #