

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Motham
Secretary of State
DIVISION OF CORPORATIONS

96 AIR

FILED

96 DEC -6 AM 9:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000079434

Corporation Name
UNIVERSAL UNISEX BARBERSHOP, INC.

Principal Place of Business
2016 OPA-LOCKA BLVD.
OPA-LOCKA FL 33054

Mailing Address
2016 OPA-LOCKA BLVD.
OPA-LOCKA FL 33054



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/13/1995	
City & State		City & State		5. FEI Number	
Zip		Country		65-0618267	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$875 Additional Fee required for a Certificate of Status	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
	ROBERTO BALBUENA		
P	ROBERTO BALBUENA	1005 W. 77 ST. #107	HIALEAH, FL 33014
			200002022562--7
			-12/06/96--01089--001
			****200.00 ****200.00
			FREE RECEIVED ON TIME, QID 12-6-96

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
BALBUENA, ROBERTO 606 W. 81 ST., APT. 103 HIALEAH FL 33014		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State FL	
		Zip Code	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *Robert Balbuena* Date: 10/9/96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: *Robert Balbuena* Date: 11-28-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR20040 (7/96)