

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2006 DEC 14 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000056406

1. Corporation Name

Father & Sons Barber Shop II, Inc.

2. Principal Office Address

2601 E South Street

3. Mailing Office Address

2601 E South Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32803

Country

USA

Zip

32803

Country

USA

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

7/1/1996

5. FEI Number

893385103

☒ 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

Armando Perez

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

208 Hanging Moss Drive

Suite, Apt. #, Etc.

City

Oviedo

State

FL

Zip Code

32765

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

Date 12-11-06

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
PSTD	Armando Perez	208 Hanging Moss Drive	Oviedo, FL 32765

10. 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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-11-06

Daytime Phone #

page 2 of 2

Father and Son Barber II, Inc.
2601 E South Street
Orlando, FL 32803

December 11, 2006

Department of State
Division of Corporations
PO Box
Tallahassee, FL

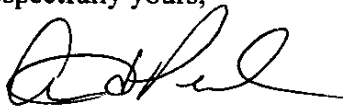
To Whom It May Concern:

2002

I was recently informed that my corporation was not active when I attempted to open a bank account. I am requesting that reinstatement fee to be waived as I did not receive any notification from the state informing me of this dissolution.

Feel free to contact me with any questions you may have at 407-895-7445.

Respectfully yours,



Armando Perez