

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 APR -6 AM 9:10

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

DOCUMENT #

PO8000049292

1. Corporation Name

U.S. BARBER SHOPS, INC.

2. Principal Office Address

9819 C. MILITARY TRAIL

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL.

City & State

Zip

33436

Country

PALM BEACH

Zip

Country

REINSTATEMENT

09-00

4. Date Incorporated or Qualified
To Do Business in Florida

6/1/98

5. FEI Number

65-0483998

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

BARRY APPEL

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

5560 SPRING LAKE TERR.

700003213427-5

-04/18/00-01111-008

****908.75 ****908.75

Suite, Apt. #, Etc.

City

BOYNTON BEACH,

State

FL

Zip Code

33437

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

Barry Appel

REGISTERED AGENT MUST SIGN

Date

4/2/2000

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/S/D BARRY APPEL

5560 SPRING LAKE TERR.

BOYNTON BEACH, FL. 33437

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barry Appel

Date

4/2/2000

Daytime Phone #

561-736-0080

CR2E081 (9/99)