

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 192

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 14 PM 5:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000050191

1. Corporation Name

Florida Barber Academy, Inc.

2. Principal Office Address

3269 N. Federal Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

3269 N. Federal Hwy

Suite, Apt. #, etc.

City & State

Pompano Bch FL

City & State

Pompano Bch, FL

Zip

33064

Country

U.S.A.

Zip

33064

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

6/3/1999

5. FEI Number

65-0934877

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

300024718673
11/14/03--01079--015 **158.75

7. Name and Address of Current Registered Agent

Name

Jackie Lombardi

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

3269 N. Federal Highway

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33064

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

J. Lombardi

REGISTERED AGENT MUST SIGN

Date 11/10/03

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
DP	Jackie Lombardi	3269 North Federal Hwy	Pompano Bch, FL 33064

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:

J. Lombardi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/10/03

Daytime Phone #

CR2E081 (10/02)

222
State Lic #: 2170

FLORIDA BARBER ACADEMY
3269 NORTH FEDERAL HIGHWAY
POMPANO BEACH, FL 33064
954-781-6066
FAX: 954-781-2450

November 10, 2003

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

To Whom It May Concern:

Enclosed please find the filing fee of \$150.00 and \$8.75 for one Certificate of Status. We are requesting a waiver of the reinstatement fee as we have relocated, as you can see from the current address. We had mailed in a change of address to the state, but our annual Uniform Business Reports were never received. Please take this into consideration regarding the reinstatement fee.

Thank you for all your help and assistance.

Very truly yours,



Jackie Lombardi

JL/clj
Enclosure