			·				
120 °	PLEASE READ	- NST	RUCTIONS	BEFORE (	COMPLET	ING THIS FORM.	1050
	PLICATEON PLICATE N	~ <del>~</del>	DEPARTMEN  Jim Smith  Secretary of S	NT OF STATE	7		1012
REINSTATEMENT DIVISION OF CORPORATIONS						FILED	
DOCUMENT # P9900072099  1. Corporation Name					02 OCT 25 AH 9: 58		
FAITHFUL CUTTERS BEAUTY & BARBER SALON, INC.					SECRETARY OF STATE TALLAHASSEE, FLOSIO		
Principal Place of Business Mailing Address							
103 EVANS ST. 103 EVANS BRANDON FL 33510 BRANDON F							
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					2001	SR Sweller	-
103 Suite, Apt.	Evans Street	vans St. Ste. B		Date Incorporated or Qualified     To Do Business in Florida     08/02/1999			
STE.B			510.		5. FEI Number 65-0940430 Applied For Not Applicable		Applied For
(5) CALCON V			endon, FC.				
Zip 35	3510 Country USP	Zip 335	76 Country	0314	<u> </u>		Additional Fee required a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lea  Title(s)							
P	2 and/or Directors	Officer and/or Director			City / State / Zip		
г 	GARDNER, DORIS D 28		2818 1/2 N. JEF	818 1/2 N. JEFFERSON ST		TAMPA FL 33602	
					. •		
	·						
					3 <b>.</b> 10/25,	02-01058015	23 **158.75
		*					
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent		
Name					The second secon	and the second s	
GARDNER, JACKIE M							

GARDNER, JACKIE M 2818 1/2 N. JEFFERSON ST. TAMPA FL 33602

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

Suite, Apt. #, Etc.

City

State 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. or 617.0505, F.S.

Signature of Registered Agent AT YOU AGENT MUST SIGN

Date \_\_\_\_

10/22/02

11. I certify that I am an officer or director or the receiver of 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:

SIDNATURE DE COMMINE OF SIGNING OFFICER OR DIRECTOR

10/20/02 (8/3)6856973
Date Phone #

10/22/02

From: Inchie M. Gardner

Faithful Cutturs, Inc.

103. Evans St. Ste. B.

Brandon, Hoxida 33510

813-685-6973

To: Division of Corporations

7.0. Box 6327

Tallahasse, Fl. 32314-6327

RE: LECUSTATEMENT

Lhad let my recustatement time (apse.

Address correction was made, after voticing that
you had the wrong address. Please accept they

Chick for 158.75 for a recustorement fee and the Cost for a Centificate of Status. I appeciate your help in resolving this matter.

Succeey,

Tachic M/ Symdax