

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		AND FILED 98 MAR -2 PM 2:08 SECRETARY OF STATE TALLAHASSEE, FLORIDA 500002447385--7 -08/04/98--01110--003 *****297.50 *****297.50																																									
DOCUMENT # <u>736813</u> 1. Corporation Name THE CLASSIC FOUNDATION, INC.		DO NOT WRITE IN THIS SPACE 4. Date Incorporated or Qualified To Do Business in Florida 1971 5. FEI Number 59-1926894 Applied For ☐ Not Applicable ☐ 6. CERTIFICATE OF STATUS DESIRED ☐																																											
Mailing Address 11805 Heron Bay Boulevard Coral Springs, FL 33076 Principal Place of Business																																													
If above addresses are incorrect in any way, line through incorrect information and enter correction below.																																													
2. New Mailing Address, if Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Principal Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country		REINSTATEMENT 99-98 2/27/98																																									
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																																													
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8. Name and Address of Current Registered Agent RAYMOND A. DOUMAR, ESQ. 1127 S.E. Third Avenue Fort Lauderdale, Florida 33316				9. Name and Address of New Registered Agent Name 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. Signature of Registered Agent <u>Ray Doumar</u> REGISTERED AGENT MUST SIGN Date <u>2/27/98</u>																																													
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☒ (See other side for additional information.)																																													
12. 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.)																																													
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <u>Clifford L. Danley</u> 2/27/98 954/346-4000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																													