PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | FILED 09 MAR 16 PM 2: 29 SECRETARY OF STATE | | |
|--|---|--|--|
| DOCUMENT # F0 600000 5568 1. Corporation Name | TALLAHASSEE, FLORIDA | | |
| CLASSIC HOME FINANCIAL INC | C0014E0070E6 | | |
| 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 10700 Richmord Ave 10700 Richmord Ave Suite, Apt. #, etc. Suite, Apt. #, etc. | 600145937056 03/16/0901051005 **458.75 REINSTATEMENT 07-09 | | |
| Ste 340 Ste 340 City & State // (T | 4. Date Incorporated or Qualified To Do Business in Florida 1-21-06 | | |
| Housen 14 Housen 14 | 5. FEI Number Applied For Not Applicable | | |
| Tip 17042 Country USA Zip 17042 Country USA | CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status | | |
| 7. Name and Address of Current Registered Agent | The reinstatement fee is imposed, except in | | |
| Street Address (P.O. Box Number is Not Acceptable) | circumstances which the entity did not receive the prior notices. By checking this box, you | | |
| Suite, Apt. #, Etc. Clock Suite, Apt. #, Etc. C | are certifying the prior notices were not received and requesting the reinstatement | | |
| City State Zip Code | FEDUCED TO \$450.00 | | |
| W(SHIM FL 33531 | KHOUCED 10 4430.00 | | |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the ob- | | | |
| 00(3(0) | | | |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the ob- Signature of Registered Agent **SEE ATTACHEO** | Date | | |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the ob- Signature of Registered Agent REGISTERED AGENT MUST SIGN | Date | | |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the observation of Registered Agent **SER PITACHEO** REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lease of the conference o | Date | | |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the observation of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least officer and/or Directors Officer and/or Directors Officer and/or Directors | Date | | |
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|---|--|---|--|--|
| DOCUMENT # Fo 600000 | <u>-</u> | | | |
| CLASSIC Home | 2 FINANCIAL IAC | | | |
| 10700 Richmond Ave. | 3. Mailing Office Address 10700 Richmond Ae | , CR2E081 (12/08) | | |
| Ste 340 | Suite, Apt. #, etc. SFL 340 City & State // | 4. Date Incorporated or Qualified 7-21-06 | | |
| Houston 14 | Honston 14 | | 289615 | Applied For Not Applicable |
| 219 1042 COUNTRY SA 2 | 201042 Country | 6. CERTIFICATE O | | dditional Fee required Cortificate of Status |
| 7. Name and Address of Co | urrent Registered Agent | | | |
| NAT Services | s.Inc | | statement fee is impos ances which the entity d | |
| Street Address (P.O. Box Number is Not Acceptable) | Park De. | the prior | r notices. By checking tifying the prior notic | this box, you |
| Suite, Apt. #, Etc. See 4 | | received | d and requesting the r | |
| City Weston | State 3 ^{Zip Code} FL 33331 | Fee be waived. REDUCED TO \$450.00 | | |
| 8. I, being appointed the registered agent of the above | named corporation, am familiar with and accept the ob | oligations of section | 607.0505 or 617.0503, F.S. | the state of the s |
| Signature of Registered Agent ACLIER REGI | SISTERED AGEIN MUST SIGN | ···· | Date 3/13/09 | · · · · · · · · · · · · · · · · · · · |
| 9. Names and Street Addresses of Each Officer and/or | | ant 2 directors) | | |
| Titles Officers and/or Directors | Street Address of Each Officer and/or Director | 1 | City / State / Z | Zip |
| Res Jerryw Alred | 10700 RicHMONDAN | Ste 340 | | 77042 |
| Every Milera M. Eva | | St 340 | , , | 77042 |
| Index. | 10 TO MOTIVIDADINE | | TTIN 14 | 1101 0= |
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| | | | The same of the sa | SERVER MATERIAL SALES ASSESSED |
| 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 path. | | | | |
| SIGNATURE: MULLIAM EVEN MULLIAM. EVEN 113-843-7720 BIGNATURE: Dignature and Pred or Printed Name of Signing Officer or Director) Date Dayling Phone # | | | | |