

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
TALLAHASSEE, FLORIDA

DOCUMENT # F06000005568

1. Corporation Name

CLASSIC Home FINANCIAL Inc

2. Principal Office Address - No P.O. Box #

10700 Richmond Ave.

Suite, Apt. #, etc.

Ste 340

City & State

Houston TX

Zip

77042

Country

USA

3. Mailing Office Address

10700 Richmond Ave

Suite, Apt. #, etc.

Ste 340

City & State

Houston TX

Zip

77042

Country

USA

600145937056

03/16/09--01051--005 **458.75

REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida

1-21-06

5. FEI Number

20-5289615

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

NRAI Services, Inc

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

2731 Executive Park Dr.

Suite, Apt. #, Etc.

Ste 4

City

Weston

State

FL

Zip Code

33331

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
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 obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

* SEE ATTACHED

Date

REGISTERED AGENT MUST SIGN

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
Pres	Jerry W Alred	10700 Richmond Ave Ste 340	Hou TX 77042
Exec VP	Mylena M. Evans	10700 Richmond Ave Ste 340	Hou TX 77042

07/3/17

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 oath.

SIGNATURE:

Mylena M. Evans Mylena M. EVANS

Date

713-843-7720

Daytime Phone #

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CR2E081 (12/08)

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Signature of
Registered Agent

Kathleen Fitch
REGISTERED AGENT MUST SIGN

Date

3/13/09

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
Pres	Jerry W Alred	10700 Richmond Ave Suite 340	Hon Tx 77042
Vice P	Mylena M. EVANS	10700 Richmond Ave Suite 340	Hon Tx 77042

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SIGNATURE:

Mylena M. Evans Mylena M. EVANS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

113-843-7720

Daytime Phone #