PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
96 DEC 26 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H33437

1. Corporation Name

CLASSIC MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
800 E. Merritt Island Cswy Suite 200 Merritt Island, FL 32952 USA	800 E. Merritt Island Cswy Suite 200 Merritt Island, FL 32952 USA

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

3. New Mailing Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/11/84

5. FEI Number: 59-2507 196 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ ($8.75 Additional Fee required for a Certificate of Status)

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Sampson,Charles L.	309 Woods Lake Drive	Cocoa, FL 32926
VST	Pinkney,Harold C.	2145 Fairlane Drive	Titusville, FL 32780

000002046030--9
-01/03/97--01182--001
****375.00 ****375.00

REINSTATEMENT 1996

8. Name and Address of Current Registered Agent

Caruso, Joe Teague
800 E. Merritt Island Cswy
Suite 200
Merritt Island, FL 32952

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

12/26/96

CR2E040 (12/96)

10. I hereby 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: Joe Teague Caruso — REGISTERED AGENT MUST SIGN — Date: December 23, 1996

11. 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.)

12. 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 of the corporation 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: Charles Lee Sampson — NAME OF SIGNING OFFICER OR DIRECTOR — Date: December 23, 1996 — Daytime Phone #: 407-636-8151