

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

98 JUL 98 JUL 2 2:52 PM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K10901**
1. Corporation Name
CAMPUS CLASSICS INC.

Principal Place of Business Mailing Address
1835 BENNETT DR. # 151 1822 YORKSHIRE DR.
LONGWOOD, FL 32750 WINTER PARK, FL 32792

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 | | 4. Date Incorporated or Qualified To Do Business in Florida | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 1988 | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Zip | | 59-2920916 | |
| Country | | Country | | Applied For | |
| | | | | Not Applicable | |
| | | | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|------------|-------------------------------------|---|-----------------------|
| PRES | DOUGLAS K. LANG | 1822 YORKSHIRE DRIVE | WINTER PARK, FL 32792 |
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T.B. 91-98

REINSTATEMENT

8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent

~~WINTER PARK, FL 32789~~
KATHERINE SORENSON
711 CLAY STREET
WINTER PARK, FL 32789

Name THOMAS M. HERGENER
Street Address (P.O. Box Number is Not Acceptable)
7523 ALOMA AVE. # 106
Suite, Apt. #, Etc.
City WINTER PARK State FL Zip Code 32792

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 *Thomas M. Hergen* Date 6-29-98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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 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: *Douglas K. Lang* 6/23/98 407-628-4411
Date Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (1/98)