

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN -4 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K93807

1. Corporation Name
Classic Home Designs, Inc.
4950 Bayshore Blvd, unit 5
TPA FL 33611

REINSTATEMENT

03-07

CR2E081 (1/07)

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

4950 Bayshore Blvd.

3. Mailing Office Address

4950 Bayshore Blvd

Suite, Apt. #, etc.

unit #5

Suite, Apt. #, etc.

unit #5

City & State

TPA FL

City & State

TPA FL

Zip

33611

Country

USA

Zip

33611

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/8/89

5. FEI Number

59-2956271

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

Kristina O'shea Chutz

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

4950 Bayshore Blvd

Suite, Apt. #, Etc.

unit #5

City

Tampa

State

FL

Zip Code

33611

☒ 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.

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

Kristina O'shea Chutz
REGISTERED AGENT MUST SIGN

Date 5/31/07

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	Kristina O'shea Chutz	4950 Bayshore Blvd	
		# 5	TPA, FL 33611

600103841336
06/04/07--01042--008 **750.00

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:

Kristina O'shea Chutz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/07

Date

Daytime Phone #