


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2


2002 LLC APPLICATION FOR REINSTATEMENT UBR



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 02 OCT 28 PM 2:13  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

1. DOCUMENT # M01000001630  
 Name and Mailing Address

0007916 01 FP 0.352 \*\*PRSR T4 0 0615 43215-477483  
  
 CLASSIC MANAGEMENT SERVICES, LLC  
 363 EAST TOWN STREET  
 COLUMBUS OH 43215-4774



2. New Mailing Address City, State, Zip		4. State/Country of Formation OH	
Principal Place of Business 363 EAST TOWN STREET COLUMBUS OH 43215		5. Date Organized or Qualified To Do Business in Florida 07/20/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 34-1960575	Applied For Not Applicable
8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name: NO CHANGE Street: 200008588502 10725/02--01027--006--**50.00 City: Zip Code			

CR2E084 (8/02)

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.  
 Signature of Registered Agent \_\_\_\_\_ Date \_\_\_\_\_  
 REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
C	KENNETH F. DANTER	31 MEADOW PARK	BEXLEY, OH 43209
MGRM P/T	THOMAS MALLORY JR.	2010 WEST DEWON	COLUMBUS, OH 43212
V/S	WILLIAM HOLLAND III	200 HOLLIS AVENUE	PAJAMA CITY, FL 32461

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of Managing Member/Manager TH Mallory Date 10-23-02 Daytime Phone # 614-221-9096  
 Typed or printed name of signing Managing Member/Manager THOMAS MALLORY JR.

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**CLASSIC MANAGEMENT SERVICES, LLC**

FILED

363 EAST TOWN STREET  
COLUMBUS, OHIO 43215

02 OCT 28 PM 2:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TELEPHONE: (614) 221-9096

FACSIMILE: (614) 232-0601

**VIA OVERNIGHT MAIL**

October 23, 2002

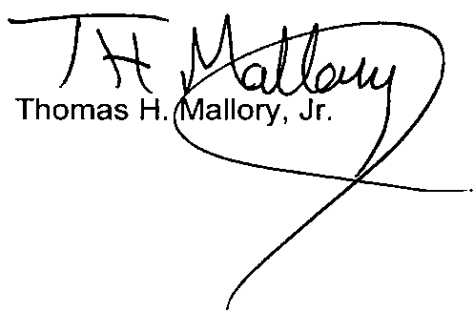
Division of Corporations  
Registration Section  
409 E. Gaines Street  
Tallahassee, FL 32399

Sir or Madam:

I enclose the executed Limited Liability Company Uniform Business Report for Classic Management Services, LLC ("Classic"). I also enclose a copy of the conflicting correspondence Classic received from your office concerning this filing. In one instance, Classic was advised that Classic had thirty days to correct its filing from a corporation report to a limited liability report. In the other instance, Classic was advised that it must apply for reinstatement of its status. While I have executed both documents (the Limited Liability Company Uniform Business Report and the Application for Reinstatement), I am assuming reinstatement is not required, based on the correspondence I received with the Limited Liability Company Uniform Business Report filing. I have enclosed a check for the amount stated in the correspondence.

Please contact me with any questions you have. Thank you for your attention to this matter.

Very truly yours,  
CLASSIC MANAGEMENT SERVICES, LLC

  
Thomas H. Mallory, Jr.

Enclosure