

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

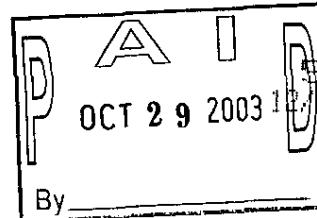
OCT 17 2003  
03 DEC 8 AM 11:40

1. DOCUMENT # M01000001630

Name and Mailing Address

0016236 01 MB 0.309 \*\*AUTO TO 0 0615 43215-477463

CLASSIC MANAGEMENT SERVICES, LLC  
363 EAST TOWN STREET  
COLUMBUS OH 43215-4774



800025265365  
08/08--01008--019 \*\*150.00



CR2EE84 (7/03)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation  
OH

5. Date Organized or Qualified  
To Do Business in Florida  
07/20/2001

Principal Place of Business  
363 EAST TOWN STREET  
COLUMBUS OH 43215

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number  
34-1960575  
Applied For  
Not Applicable

7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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

*Timothy Roberson*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10/22/03

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	DANTER, KENNETH F	31 MEADOW PARK	BEXLEY OH 43209
MGRM	MALLORY, THOMAS JR.	2010 WEST DEVON	COLUMBUS OH 43212
VS	HOLLAND, WILLIAM III	200 HOLLIS AVE.	PANAMA CITY FL 32410

REINSTATEMENT 03  
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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

SIGNATURE REQUIRED

Date 29 Oct 03

Daytime Phone # 614 232-0604

Typed or printed name of signing Managing Member/Manager