

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

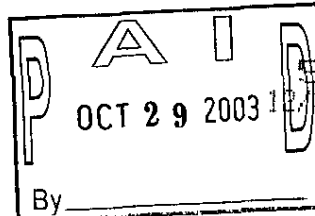
FILED
RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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



\$00025265365
10/02/03--01003--019 **150.00



By

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	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent C T 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** Date 10/22/03
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	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

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 STEPHAN MALLORY **SIGNATURE REQUIRED** Date 29 Oct 03 Daytime Phone # 614 232-0604

Typed or printed name of signing Managing Member/Manager