


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 DEC 14 PM 2:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA500082542325  
12/14/06--01026--007 \*\*300.00

CR2E081 (12/05)

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000110345			
1. Corporation Name <b>A TOUCH OF CLASS WHO, INC.</b>			
2. Principal Office Address <b>4515 SW 22ND STREET</b>		3. Mailing Office Address <b>4515 SW 22ND STREET</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>HOLLYWOOD, FL</b>		City & State <b>HOLLYWOOD, FL</b>	
Zip <b>33023</b>	Country <b>US</b>	Zip <b>33023</b>	Country <b>US</b>

4. Date Incorporated or Qualified To Do Business In Florida	
5. FEI Number <b>651108941</b>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name <b>GLORIA J BROWN</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>4515 SW 22ND STREET</b>		
Suite, Apt. #, Etc.		
City <b>HOLLYWOOD</b>	State <b>FL</b>	Zip Code <b>33023</b>

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: X *Gloria J. Brown* Date: **12/06/2006**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	GLORIA J BROWN	4515 SW 22ND STREET	HOLLYWOOD FL 33023
D	STELLA M BROWN	4515 SW 22ND STREET	HOLLYWOOD FL 33023
D	RONNIE BROWN	4515 SW 22ND STREET	HOLLYWOOD FL 33023

**REINSTATEMENT** *B12 115/06* *OS-06*

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: X *Gloria J. Brown* Date: **12/06/2006** Daytime Phone #: **954-520-0495**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*P. 2*

DATE: Wednesday, December 06, 2006

TO: DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

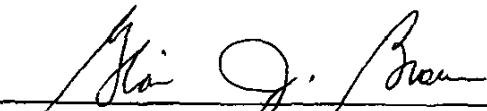
FROM: GLORIA J BROWN  
A TOUCH OF CLASS WHO, INC.

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT BY MAIL  
SINCE 2004.

PLEASE FILE OUR ANNUAL REPORT AND DO NOT CHARGE THE PENALTY.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 954-520-0495

THANKS,

X   
\_\_\_\_\_  
GLORIA J BROWN, DIRECTOR  
A TOUCH OF CLASS WHO, INC.