2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 22, 2004
Secretary of State

DOCUMENT# P00000112585

Entity Name: CLASSIC REALTY SERVICES, INC.

Current Principal Place of Business:

17107 PINES BLVD
PEMBROKE PINES, FL 33027

New Principal Place of Business:

Current Mailing Address:

17107 PINES BLVD
PEMBROKE PINES, FL 33027

New Mailing Address:

FEI Number: 65-1058206 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAROON, FAISAL
17107 PINES BLVD
PENBROKE PINES, FL 33027 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HAROON, FAISAL
Address: 17107 PINES BLVD
City-St-Zip: PEMBROKE PINES, FL 33027

Title: D ( ) Delete
Name: MOTEN, ANWAR
Address: 5008 NW 113 AVE
City-St-Zip: POMPANO BEACH, FL 33076

Title: D ( ) Delete
Name: ABID, ABDUL A
Address: 2893 SW 13TH DRIVE
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D ( ) Delete
Name: MOHAMMOD, KARIM H
Address: 3001 BOGATA AVE
City-St-Zip: COOPER CITY, FL 33026

Title: D ( ) Delete
Name: AFZAL, MAJID
Address: 1408 SOUTH POWERLINE RD
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FAISAL HAROON D 10/22/2004

Electronic Signature of Signing Officer or Director Date