

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2***CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P01000100306

1. Corporation Name

CLASSIC POINT INC

2. Principal Office Address - No P.O. Box #

3800 US HIGHWAY 98 N

Suite, Apt. #, etc.

3. Mailing Office Address

3926 ROLLINGSFORD CIRCLE

Suite, Apt. #, etc.

City & State

LAKELAND, FL

City & State

LAKELAND, FL

Zip

33809

Country

USA

Zip

33810

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/15/2001

5. FEI Number
59-3748910

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MUHAMMAD S QADEER

Street Address (If 11, first number is not acceptable)

3926 ROLLINGSFORD CIRCLE

Suite, Apt. #, Etc.

City

LAKELAND, FL

State

FL

Zip Code

33810

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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*Muhammad S Qadeer*

Date 03/03/2009

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
PRES.	MUHAMMAD S QADEER	3926 ROLLINGSFORD CIRCLE	LAKELAND, FL 33810

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/03/2009

Date

(863) 258-3970

Daytime Phone #

PAR 202

March 3, 2009

FLORIDA DEPARTMENT OF REVENUE
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

This is to inform that our client Classic Point Inc, bearing the certificate number 63-8013358810-4, paid and filed all the required documents with the Florida Department of State. Reinstatement form was not received by the client that led to the failure to file but the payment was made in full with penalties and interests.

Please find the attached reinstatement form for Classic Point Inc, also kindly please waive the penalties and interests levied on the account to bring it back to active. According to our calculations the client should receive back \$458.75 in refund from the overpayment for corporation reinstatement. Also certificate of status is needed which will decrease the refund amount to \$450.00.

Kindly please mail the certificate of status and the refund to the attention of Muhammad S Qadeer at 3926 Rollingsford Circle, Lakeland, FL 33810.

For any further questions please feel free to call me at (713) 328-4085 or email at mohsin@hrshaikh.com.

Thank you,

A handwritten signature in black ink, appearing to read 'Mohsin Manzoor', with a stylized flourish extending from the end.

Mohsin Manzoor
Accountant