H03000062898 8 PLEASE READ ALL INSTRUCTIONS BEFORE (

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 FEB 25 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000112859

1. Corporation Name
C-Class Construction, Inc.

REINSTATEMENT 02-03

2. Principal Office Address	3. Mailing Office Address
710 NW 40 Street	710 NW 40 Street
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Oakland Pk. Fl.	City & State: Oakland Pk. Fl.
Zip: 33309 County: Broward	Zip: 33309 County: Broward

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 01-0616358. Applied For / Not Applicable

6. CERTIFICATES OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Rivera, Ricardo
Street Address (P.O. Box Number is Not Acceptable): 710 NW 40 Street
Suite, Apt. #, Etc. —
City: Oakland Park State: FL Zip Code: 33309

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: ✓ Ricardo Rivera Date: 01/24/03.
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Ricardo Rivera	710 NW 40 Street	Oakland Pk. Fl. 33309
V.P.	Ricardo Rivera	710 NW 40 Street	Oakland Pk. Fl. 33309
Treas.	Ricardo Rivera	710 NW 40 Street	Oakland Pk. Fl 33309
Sec.	Ricardo Rivera	710 NW 40 Street	Oakland Pk. Fl 33309

10. I certify that I am an officer or director of the reviver 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 as not qualify for an exemption under section 119.07(3)(i), 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: ✓ Ricardo Rivera 01/24/03 (954) 444-7237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

C-CLASS CONSTRUCTION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$900.00