


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FOR

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB 12 AM 9 35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000001883

1. Corporation Name
COREY'S CLASSIC INC

2. Principal Office Address 9209 N. 14TH STREET		3. Mailing Office Address 6422 ELDORADO DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TAMPA FL		City & State TAMPA FL	
Zip 33612	Country HILLSBOROUGH	Zip 33615	Country HILLSBOROUGH

4. Date Incorporated or Qualified
To Do Business in Florida **JAN 2002**

5. FEI Number
260029351

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

02/17/04 01025 002 158, 8

7. Name and Address of Current Registered Agent

Name
CORBY C. NORPHLET

Street Address (P.O. Box Number is Not Acceptable)
6422 ELDORADO DRIVE

Suite, Apt. #, Etc.

City
TAMPA

State
FL

Zip Code
33615

800029298698
02/24/04 01027 024 **151.00

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 *Corby C. Norphlet* Date **2/17/04**

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	CORBY C. NORPHLET	6422 ELDORADO DRIVE	TAMPA FL 33615
VP	DAVION WASHINGTON	13014 CARROLLWOOD CREED DRIV	TAMPA FL 33624
D	ROBERT E. MAHONE	6422 ELDORADO DRIVE	TAMPA FL 33615
D	HASSANEIN SOLIMAN	14835 Hennrogle Dr	Lithia, FL 33547

REINSTATEMENT 03-04

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 making 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 under section 119.07(3)(f), 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: *Robert E Mahone* Date **2/17/04** Daytime Phone # **813 290 0440**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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17FEB04

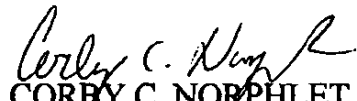
TO: DIVISION OF CORPORATIONS

FROM: CORBY C. NORPHLET

SUBJECT: REINSTATEMENT OF CORPORATION

I Corby C. Norphlet, do hereby affirm that I never receive the 2003 annual report. I am requesting a waiver for reinstatement, and your most urgent attention to this matter as it is affecting my business license renewal.

THANK YOU IN ADVANCE,


CORBY C. NORPHLET, PRES,
COREY'S CLASSIC INC

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**CORPORATE OFFICERS
FOR
COREY'S CLASSIC INC**

PRESIDENT

CORBY. C. NORPHLET
6422 ELDORADO DRIVE
TAMPA FL 33615

VICE PRESIDENT

ROBERT E. MAHONE
6422 ELDORADO DRIVE
TAMPA FL

DIRECTOR

DAVION WASHINGTON
13014 CARROLLWOOD CREEK DR
TAMPA FL 33624

DIRECTOR

HASSANEIN SOLIMAN
14835 HEREN GLEN
LITHIA FL 33547