FILED

2006 JUL 12 PM 12:27

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000043931

1. Corporation Name

Classique Final Touch, Inc.

900077662329
07/18/06--01032--004 **600.00

CR2E091 (12/05)

2. Principal Office Address	3. Mailing Office Address
12860 SW 187 St.	12860 SW 187 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fl	City & State: MIAMI, Fl
Zip: 33177 Country: Miami DADE	Zip: 33177 Country: MIAMI DADE

4. Date Incorporated or Qualified To Do Business In Florida: 4/23/02

5. FEI Number: 81-0609943 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required

7. Name and Address of Current Registered Agent

Name: HATTIE MIDDLEBROOKS

Street Address (P.O. Box Number is Not Acceptable): 12860 SW 187 St.

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33177

8. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Hattie Middlebrooks Date: 7/11/06

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
P/V	HATTIE MIDDLEBROOKS	12860 SW 187 St	MIAMI, Fl 33177

10. I certify that I am an officer or director of 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: Hattie Middlebrooks 7/11/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Received Time Jul. 12. 10:08AM

TO:9320525214902 P.1/2

JUL-11-2006 17:13 FROM: