

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -9 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000058466

1. Corporation Name

CLASSIC STUDIOS, INC.

Principal Place of Business

Mailing Address

~~2653 CROWN CT~~
KISSIMMEE FL 34741

~~2653 CROWN CT~~
KISSIMMEE FL 34741



REINSTATEMENT

03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

863 Sawdust Trail
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

863 Sawdust Trail
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

05/28/2002

5. FEI Number

01 0698443

Applied For

Not Applicable

City & State

Kissimmee FL

City & State

Kissimmee FL

Zip

34744

Country

Zip

34744

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	DULL, DIAN	2653 CROWN CT	KISSIMMEE FL 34741

700023679397
10/09/03--01088--002 **150.00

8. Name and Address of Current Registered Agent

DULL, DIAN
2653 CROWN CT
KISSIMMEE FL 34741

9. Name and Address of New Registered Agent

Name

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

863 Sawdust Trail
Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34744

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

Signature of
Registered Agent

Dian Dull
REGISTERED AGENT MUST SIGN

Date

10-8-03

11. 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 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. not dissolved

SIGNATURE:

Dian Dull
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

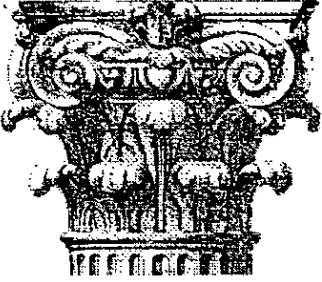
10-8-03

Date

407-935-0448

Daytime Phone #

CR2040 (7/03)



Classic Studios, Inc.

October 8, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom This May Concern;

Enclosed is my document # P02000058466 application for reinstatement. This is the first notice I have received regarding this issue. I have enclosed a check for the reinstatement amount as I did call today to be sure this was appropriate.

URGENT-PLEASE READ:

Yesterday I was informed that I could not change worker's comp. insurance companies which may jeopardize a large contract. I must provide a new- larger policy to them within days or forfeit the job. I have sent this form overnight but was informed that it takes five days to process the form. If there is any way to expedite this process, I would be sincerely grateful.

I do not know why I was unaware of the renewal process and missed the deadline. I will speak to my accountant and clear this problem up. Please feel free to contact me at any time if you have questions.

Sincerely,

Dian Dull
President
Classic Studios, Inc.
Mobile number 321-443-2464

863 Sawdust Trail
407-935-0448

Fax 407-935-0848
www.clasplas.com

Kissimmee, FL 34744
1-800-633-9553