

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 12 AM 11:31

DOCUMENT # P02000083773

1. Corporation Name

Classic 1 Management, Inc.

2. Principal Office Address

1700 Foxboro Drive

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

Country

32812

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

08/01/02

5. FEI Number

16-1619262

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

Joseph Santoro, Jr.

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

1700 Foxboro Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32812

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

Date

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	Joseph Santoro, Jr.	1700 Foxboro Drive	Orlando, FL 32812
VP	Diana L. Blake	3144 Mesa Court	Orlando, FL 32829

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11/12/04--01077--003 **300.00

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/8/04

Date

407-281-1490

Daytime Phone #