

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  
37 OCT 11 PM 4:56

DOCUMENT # P03000070382

1. Corporation Name

CLASSIC SPECIAL CUSTOM HOMES, INC.

500110955645  
10/18/07--01042--015 \*\*450.00

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #  
1529 Middle River Drive

3. Mailing Office Address  
P.O. Box 775813

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Fort Lauderdale, Florida

City & State  
Steamboat Springs, Colorado

Zip  
33304

Country

Zip  
80477

Country

4. Date Incorporated or Qualified  
To Do Business in Florida Florida

5. FEI Number 57-1175489

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  
SPIEGEL & UTRERA, P.A.

Street Address (P.O. Box Number is Not Acceptable)  
1840 Southwest 22nd Street

Suite, Apt. #, Etc.  
4th Floor

City  
Miami

State  
FL

Zip Code  
33145

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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.

SPIEGEL & UTRERA, P.A.

Signature of  
Registered Agent By:

By: *Natalia Utrera*

Natalia Utrera, Vice President

REGISTERED AGENT MUST SIGN

Date 10-10-07

**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
PSTD	Otterman, Kenneth	P.O. Box 775813	Steamboat Springs, CO 80487

REINSTATEMENT 07 B 10/11/07

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/07