

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000034354

1. Entity Name
CLASSIC ALUMINUM FABRICATIONS, INC.



Principal Place of Business
1731 SKYLINE LANE
SEBASTIAN, FL 32958

Mailing Address
1731 SKYLINE LANE
SEBASTIAN, FL 32958

FILED

05 NOV 14 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10182005 REIN-P CR2E098 (6/04)

2. Principal Place of Business

161 SEBASTIAN BLVD

Suite, Apt. #, etc.

SUITE 101

City & State

SEBASTIAN FLA

Zip

32958

Country

INDIAN RIVER

3. Mailing Address

161 SEBASTIAN BLVD

Suite, Apt. #, etc.

SUITE 101

City & State

SEBASTIAN FLA

Zip

32958

Country

INDIAN RIVER

4. FEI Number

001941946

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PIPER, EDWARD F
1731 SKYLINE LANE
SEBASTIAN, FL 32958

7. Name and Address of New Registered Agent

Name

EDWARD F PIPER

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

1162 FAIRFIELD LN

City

SEBASTIAN

FL

Zip Code

32958

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10-24-05

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME PIPER, EDWARD F
STREET ADDRESS 1162 FAIRFIELD LANE
CITY-ST-ZIP SEBASTIAN, FL 32958

☐ Delete

TITLE VD
NAME RICHTER, JAMES
STREET ADDRESS 1731 SKYLINE LANE
CITY-ST-ZIP SEBASTIAN, FL 32958

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-05

Date

772 388 1814

Daytime Phone #