## 2009 FOR PROFIT CORPORATION REINSTATEMENT

| DOCUMENT #P05000035589  1. Entity Name CLASSIC WOOD DESIGN, INC               |  |  |   |                               |           |                            |  | _ ا  | 09 FEB           |  | PM 4: 1                 |                                 |                              |  |
|---|--|--|---|-------------------------------|-----------|----------------------------|--|--|------------------|--|-------------------------|---------------------------------|------------------------------|--|
| Principal Place of Business 4001 SANTA BARBARA BLVD. #254 NAPLES, FL 34104 US |  |  | Mailing Address 4001 SANTA BARBARA BLVD. #254 NAPLES, FL 34104 US |                               |           |                            | (  |  | SECRET<br>ALLAH/ |  |                         |                                 | <b>83</b> 1 11 1 <b>66</b> 1 |  |
| 2. Principal Place of Business - No P O. Box #                                |  |  |   | 3. Mailing Address            |           |                            |  |  |                  |  |                         |                                 |                              |  |
| Suite, Apt. #, etc.   |  |  |   | Suite, Apt. #, etc.           |           |                            |  | 02052009                                       | STA              | TEN                                    |                         | ogh OP                          | 709 Jan                      |  |
| City & State  |  |  |   | City & State                  |           |                            | 4. FEI Numb<br>20-257                                      |  |                  | ~::::::::::::::::::::::::::::::::::::: | 7                       | olied For<br>Applicable         |                              |  |
| Zip   | Country  |  |   | Zip                           |           | Country                    |  | 5. Certificate                                 | e of Status De   | esired                                 |                         | <b>8.75</b> Addi<br>ee Required |                              |  |
|   | SE CORPO<br>LEVELAN<br>ERS, FL, I  | ND FL 33907 Try submits this statement I                       | register  | Street Add                    | 06<br>1ay | P.O. Box Numb<br>Na<br>Uls | ne ta<br>per is Not Acc<br>dio.                            | x c  | onf<br>Her<br>FL | Zip Code                               | 709                     |                                 |                              |  |
| SIGNATURE_  | SIGNATURE Signature by the street page of supplicative applicative (NOTE Registered Agent alignature required when reinstating)  On the street page of supplicative applicative applicative (NOTE Registered Agent alignature required when reinstating)   |  |   |                               |           |                            |  |  |                  |  |                         |                                 |                              |  |
| FILE NOW!!! FEE IS \$300.00   |  |  |   |                               |           |                            |  |  | In accord        | dance with<br>ion did no               | n s. 607.1<br>t receive | 93(2)(b), f<br>the prior n      | F.S., the otice.             |  |
| 10.  TITLE  NAME  STREE   ADDRESS  CITY-ST-ZIP                                | 4001 SAN   | OFFICERS AND<br>RA, CHARLES L<br>NTA BARBARA BLVD.<br>FL 34104 |   | CTORS Delete                  |           |                            |  | · · · · <u>- · · · · · · · · · · · · · · ·</u> | IO:1 4:          |  | 1                       | Change                          | ☐ Aridition                  |  |
| THEE NAME STREET ADDRESS GITY-ST-ZIP  | P<br>GARCIA.<br>6022 JAD   | JAQUELINE M<br>DESTONE AVE<br>YERS, FL 33905                   | ☐ Delete  | Delete Tille NAME STREE CITY- |           | ₩<br>60<br>4               | encia, Jaqueliuc M  ooj santa banbara BUVd: Names FL 34104 |  |                  |  | Addition 4254           |                                 |                              |  |
| TITLE NAME STREET ADDRESS CHY-SI-ZIP  |  |  |   | ☐ Delete                      |           |                            | -  |  |                  |  | <del> /</del>           | ☐ Change                        | □ Adddion                    |  |
| NAME STREET ADDRESS CHY-ST-ZIP  |  |  |   | ☐ Delete                      |           |                            |  |  |                  |  |                         | ☐ Change                        | Addition                     |  |
| TITLE<br>NAME.<br>STREET ADDRESS<br>CITY-ST-ZIP                               |  |  |   | □ Delete                      |           |                            |  |  |                  |  |                         | Change                          | ☐ Adddon                     |  |
| NAME<br>STREET ADDRESS<br>CHY-ST-ZIP  |  |  |   | □ Deleta                      |           |                            |  |  |                  |  |                         | ☐ Change                        | Addition                     |  |
| indicated<br>of the cor   | 12. Thereby certify that the information supplied with his filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report some 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 rustee entrewered to executablis 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 after the same owered |  |   |                               |           |                            |  |  |                  |  |                         |                                 |                              |  |
| SIGNAT  | SIGNATURE: SIGNATURE: SIGNATURE AND TYPE OR PRINTED NAME OF BIGUING OFFICER OR DIRECTOR Daystone Prioris #   |  |   |                               |           |                            |  |  |                  |  |                         |                                 |                              |  |