

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO 5000123195**

1. Corporation Name

**CLASSIC DESIGN BY DAVID HUCKABEE,
INC.**

2. Principal Office Address - No P.O. Box #

2814 se carroll st

Suite, Apt. #, etc.

City & State

stuart, fl

Zip

34997

Country

martin

3. Mailing Office Address

pobox 522

Suite, Apt. #, etc.

City & State

hobe sound

Zip

34975

Country

martin

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

9/06/05

5. FEI Number

20-3420643

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

David r. Huckabee

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

2814 se carroll st

Suite, Apt. #, Etc.

City

stuart

State

FL

Zip Code

34997

☒ 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.

Signature of
Registered Agent

David R Huckabee
REGISTERED AGENT MUST SIGN

Date **11/13/08**

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
P	DAVID R HUCKABEE	2814 SE. CARROLL, ST.	STUART, FL 34997

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:

David R Huckabee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/13/08

Daytime Phone #

**772-
240-5347**

FILED
08 NOV 18 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-08