

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 <i>CLASSIC DESIGN BY DAVID HUCKABEE, INC.</i>																															
2. Principal Office Address - No P.O. Box # 2814 se carroll st		3. Mailing Office Address pobox 522																													
Suite, Apt. #, etc.		Suite, Apt. #, etc.																													
City & State stuart,fl		City & State hobe sound																													
Zip 34997	Country martin	Zip 34975	Country martin																												
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																												
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 <i>David R Huckabee</i> REGISTERED AGENT MUST SIGN																															
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1"> <thead> <tr> <th>Titles</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P</td> <td>DAVID R HUCKABEE</td> <td>2814 S.E. CARROLL, ST.</td> <td>STUART, FL 34997</td> </tr> <tr> <td></td> <td></td> <td></td> <td>0000138048020</td> </tr> <tr> <td></td> <td></td> <td></td> <td>11/18/08--01023--012 **300.00</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	P	DAVID R HUCKABEE	2814 S.E. CARROLL, ST.	STUART, FL 34997				0000138048020				11/18/08--01023--012 **300.00												
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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: <i>David R Huckabee - DAVID R. HUCKABEE, 11/13/08</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		772- Date Daytime Phone #																													

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-08

CR200811 (10/08)

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

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.

Date **11/13/08**