

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000031410

1. Entity Name  
CONCH CLASSIC, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAY 21 AM 9:12

Principal Place of Business  
120 PORTO SALVO DRIVE  
ISLAMORADA, FL 33036 US

Mailing Address  
120 PORTO SALVO DRIVE  
ISLAMORADA, FL 33036 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05042008 REIN-P CR2E098 (1/07)

4. FEI Number  
20-4417238

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEE, NICHOLAS A  
120 PORTO SALVO DRIVE  
ISLAMORADA, FL 33036

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Director

5-8-08

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

200129194502  
05/13/08--01010--016 \*\*900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

P D  
LEE, NICHOLAS A  
120 PORTO SALVO DRIVE  
ISLAMORADA, FL 33036

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TITLE  
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STREET ADDRESS  
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12. I hereby certify that the information supplied with this 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 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nicholas A. Lee

5-8-08

Date

Daytime Phone #