

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 OCT 22 AM 8:26

DOCUMENT # P07000109506

1. Corporation Name

CLASSIQUE REALTY AND INVESTMENTS
INC.

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

937 NW 206 TERR

Suite, Apt. #, etc.

3. Mailing Office Address

937 NW 206 TERR

Suite, Apt. #, etc.

City & State

Miami Gardens, FL

City & State

Miami Gardens, FL

Zip

33169

Country

DOOR

Zip

33169

Country

DOOR

7. Name and Address of Current Registered Agent

Name

MONIQUE CASSEUS

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

937 NW 206 TERR

Suite, Apt. #, Etc.

City

Miami Gardens

State

FL

Zip Code

33169

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/16/09

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 |
|--------------|--------------------------------------|---|--------------------------------|
| <u>Owner</u> | <u>MONIQUE CASSEUS</u> | <u>937 NW 206 TERR</u> | <u>Miami Gardens, FL 33169</u> |
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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/09

Daytime Phone #

(35) 303-9260

KS

700162068007

10/23/09--01002--013 **300.00

REINSTATEMENT 08-09

4. Date Incorporated or Qualified
To Do Business in Florida

10/04/2007

5. FEI Number

☒ 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.