PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DIVISION OF CORPORATIONS
2021 JUL 30 PM 12:07

DOCUMENT # P18000056453

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CR2E081 (11/10)

1 Corporation Name

Classic Cars USA Inc

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2512 Andalusia Blvd	2512 Andalusia Blvd
Suite, Apt. #, etc. #2	Suite, Apt. #, etc #2
City & State Cape Coral FL	City & State Cape Coral FL
Zip 33909 / Country USA	Zip 33909 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida 2018

5 FEI Number 83-1024612 — 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: Hubertus von Falkenhausen

Street Address (P.O. Box Number is Not Acceptable): 1318 NW 11th Ter

Suite, Apt. #, Etc

City: Cape Coral — State: FL — Zip Code: 33993

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 _____ Date 07-20-21

REGISTERED AGENT MUST SIGN

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
Pr.	Hubertus von Falkenhausen	1318 NW 11th Ter	Cape Coral FL 33993
Pr.	Sabina Nowak	1318 NW 11th Ter	Cape Coral FL 33993

REINSTATEMENT

JUL 30 2021
R. HUNT

10 E-mail Address: baronfalkenhausen@yahoo.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 07-20-21 239 309 6159

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #