PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

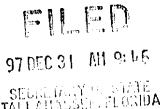
Secretary of State

DIVISION OF CORPORATIONS

D	OC	U	MENT	#	P	93	OC	000)1	41	29	
_	_											

1. Corporation Name

CLASSICAL ENTERPRISES, INC.



						TALLAMACE	JUE , EL ORIDA		
Principal Pi 5000 NW 1 LAUDERHIL		Malling Adda 5000 NW 171 LAUDERHILL	тн ст						
Sulte, Apt. City & State	NIF	3. New Mail Suite, Apt. # City & State Zip	etc. Corida nonprofit co	country Country Corporations must list at lea Street Address of Each Officer and/or Director OT Use Post Office Box h	4. Date Incorp To Do Busli 5. FEI Numbe 6. CERTIFICAT ast 3 directors)	65-0395194 E OF STATUS DESIRED 88	Applied For Not Applicable 75 Additional Fee required for a Certificate of Status		
8	LEDGISTER, DONNA			тн ст	· · · · · · · · · · · · · · · · · · ·	LAUDERHILL FL 33313			
					90	0002393 -01/07/380 ****750.60	0598 1082031 ****750.00		
8. Name and Address of Current Registered Agent LEDGISTER, ROXIE L 5000 NW 17TH CT LAUDERHILL FL 33313				Suite, Apt. #, Etc.	Street Address (P.O. Box Number Is Not Acceptable) 5000 W. W. 17 Ct. Suite, Apt. #, Etc. LAnder hill				
Signature of Registered	Agent Acy coe leaf of the above leaf of the abov	is to . nedistered ac	SENT MUST SIG	liar with and accept the ol		ion 607.0505, F.S. Date			
12. I certify this rein owed by	that I am an officer or director or the rece instatement application, the reason for disa y the corporation have been paid and the application is true and accurate, and my s	eiver or trustee er solution has been names of individ	mpowered to ex- n eliminated, the duals listed on th	ecute this application as p corporate name satisfies his form do not qualify for	provided for in cha the requirements an exemption un	of section 607.0401 or 617.0	401, F.S., that all fees		

SIGNATURE:

LEAST STEEL OF DIRECTOR