

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 14 AM 9:29

DOCUMENT # P93000067970

1. Corporation Name

CLASSIC CONSTRUCTION & DESIGN, INC.

Principal Place of Business

~~2037 HARD CT~~
TALLAHASSEE FL 32312

Mailing Address

PMB 303
6753 THOMASVILLE RD
TALLAHASSEE FL 32312



REINSTATEMENT *00*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~2037 HARD CT~~
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

09/29/1993

5. FEI Number

59-3204855

Applied For

Not Applicable

City & State

TALLAHASSEE FL

City & State

Zip

32312

Country

USA

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	MILLER, J. DOUGLAS	2037 HARD CT 6753 THOMASVILLE RD #303	TALLAHASSEE FL 32312

600003496656--8
-12/12/00--01033--002
****750.00 ****750.00

8. Name and Address of Current Registered Agent

MILLER, J.D.
~~2037 HARD CT~~
TALLAHASSEE FL 32312

9. Name and Address of New Registered Agent

Name

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

6753 THOMASVILLE RD #303

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32312

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/8/00

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., 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 under section 119.07(3)(i), 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.

AD

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
J. DOUGLAS MILLER
Date 11/9/00

933-1453
Daytime Phone #