PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	03 FEB 21 AN IO: 30 SECRETARY OF STATE FALLAHASSEE, FLORIDA
	25958 000	1
1. Corporation Name CLASSIC RENOVATIONS LUC.		1
	- 33, (50)	
,		
2. Principal Office Address	3. Mailing Office Address	
1513 E CENTRAL BLUE Suite, Apt. #, etc.	. P.O. Box 530053 Suite, Apt. #, etc.	4
	, Suite, Apr. #, 8tc.	4. Date Incorporated or Qualified
City & State	City & State	To Do Business in Florida 5. FEI Number Applied For
DELAWNO. FL	Clecanos. Fc.	S9. 3125551 Not Applicable
32801 :USA:	32853 USA	CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
SHEILA F. HILL		
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) 2001212875882 02/21/03-01016-002 **308.75		
Suite, Apt. #, Etc.		<u>02/21/0301016002 **30</u> 8.75
City CO. A. A.		State Zip Code
8. I, being appointed the registered agent of the above	e named corporation, am familiar with and accept the ob-	FL 3380
8. I, being appointed the registered agent of the above named corporation, am famillar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date 1803 REGISTERED AGENT MUST SIGN		
	or Director (Florida nonprofit corporations must list at lea	
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES SHEILA F. Whice 1513 E. CENTRAL BUD. DEL. FL. 32801		
1515 C. (901PAC, 1811). (PL12-3280)		
10. I certify that I am an officer or director or the receive	F OF Trustee amnowered to execute this application	hilded for in the star COV COV COV
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 filling 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 one this application is true and executed and my circular section 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.		
SIGNATURE: 2/18/63 (40) 897 -2016		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

D1 2/24



Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of CLASSIC RENOVATIONS, INC., a Florida corporation, filed on December 1, 1993 effective January 1, 1994, as shown by the records of this office.

The document number of this corporation is P93000083935.

Given under my hand and the Great Seal of the State of Florida, at Tallahassee, the Capital, this the Ninth day of December, 1993

THE STATE OF THE S

CR2EO22 (2-91)

Ji Smith

Jim Smith Secretary of State



Specializing In Homes Of The 1920's Through The 1950's -

February 17, 2003

Department of State Division of Corporations P.O. Box 6327 -Tallahassee, FL 32399

Gentlemen:

I just discovered my Uniform Business Report for 2002 was not forwarded by the Post Office to my current address. Therefore it was not filed last year for 2002.

Enclosed please find my reinstatement form and a check for \$308.75. I respectfully request waiver of the Reinstatement Fees since I did not dissolve my corporation. The Post Office did have a forwarding request until August of 2002 so I do not understand why I did not receive the UBR.

I appreciate your consideration in this matter. Thank you.

Yours truly,

Sheila F. Hill