

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

1996 NOV 12 PM 4:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000005140**

1. Corporation Name  
**CLASSIC PERSONNEL SERVICES, INCORPORATED**

Principal Place of Business  
**11581 NW 88TH AVENUE  
HALEAH GARDENS FL 33016**

Mailing Address  
**11581 NW 88TH AVENUE  
HALEAH GARDENS FL 33016**



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

**REINSTATEMENT** *alred note*

2. New Principal Office Address, If Applicable  
**4445 West 16 Avenue**

3. New Mailing Office Address, If Applicable  
**4445 West 16 Avenue**

4. Date Incorporated or Qualified  
To Do Business in Florida **01/21/1994**

Suite, Apt., etc.  
**Suite 400**  
City & State  
**Hialeah Florida**  
Zip  
**33016** Country  
**USA**

Suite, Apt., etc.  
**Suite 400**  
City & State  
**Hialeah Florida**  
Zip  
**33016** Country  
**USA**

5. FEI Number **65-0464993** Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	[REDACTED]	[REDACTED]	[REDACTED] FL 33016
SD	[REDACTED]	[REDACTED]	100002007881 -- 3 -11719/96--01081--008
VD	[REDACTED]	[REDACTED]	33016 383.75
Pd	Zagales, Rolando R.	11541 NW 88 Avenue	Hialeah, FL 33016
SD	Lopez, Lisa M	11581 NW 88 Avenue	Hialeah, FL 33016
VD	Zagales, Yolanda	11541 NW 88 Avenue	Hialeah, FL 33016

8. Name and Address of Current Registered Agent

**ZAGALES, ROLANDO R  
11581 NW 88TH AVENUE  
HALEAH GARDENS FL 33016**

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt., Etc.  
City  
State **FL** Zip Code

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]* **SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date \_\_\_\_\_

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. 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.

SIGNATURE:

*[Signature]* **LISA M. LOPEZ**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer (305)  
Date **7-1-96** Daytime Phone # **302-3332**