

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P94000008929*

1. Corporation Name

CLASSIC IMPORTS INC

2. Principal Office Address - No P.O. Box #

3785 NW 82 AVE

Suite, Apt. #, etc.

302

City & State

DORAL FL

Zip

33166

Country

US

3. Mailing Office Address

3785 NW 82 AVE

Suite, Apt. #, etc.

302

City & State

DORAL FL

Zip

33166

Country

US

7. Name and Address of Current Registered Agent

Name

IDA OVIES

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

3785 NW 82 AVE

Suite, Apt. #, Etc.

302

City

DORAL

State

FL

Zip Code

33166

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

Saul Sasson

REGISTERED AGENT MUST SIGN

Date *10/18/07*

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
<i>P/D</i>	<i>SASSON, SAUL</i>	<i>20533 BISCAYNE BLVD # 41329</i>	<i>AVENTURA FL 33180</i>

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 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 contained in Chapter 119, 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:

Saul Sasson P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/18/07

Daytime Phone #

FILED

07 OCT 23 PM 1:33

STATE
TALLAHASSEE, FLORIDA

600111194056

10/23/07--01017--011 **300.00

REINSTATEMENT

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

9/15/2006

5. FEI Number

65-0462561

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.