

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000021018**

1. Corporation Name

CLASS-A SERVICES, INC.

Principal Place of Business

~~6902 PALMETTO CIRCLE S
#811
BOCA RATON FL 33433~~

Mailing Address

~~6902 PALMETTO CIRCLE S
#811
BOCA RATON FL 33433~~

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

2. New Principal Office Address, If Applicable

~~5487 NW 49 ST~~
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~5487 NW 49 ST~~
Suite, Apt. #, etc.

City & State

~~COCONUT CREEK, FL~~
Zip ~~33073~~ Country ~~Broward~~

City & State

~~COCONUT CREEK, FL~~
Zip ~~33073~~ Country ~~Broward~~

4. Date Incorporated or Qualified
To Do Business in Florida

03/15/1994

5. FEI Number

65-0461552

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	LAWRENCE, DAVID	6902 PALMETTO CIRCLE SOUTH	BOCA RATON FL 33433
PD	LAWRENCE, DAVID	5487 N.W. 49th Street COCONUT CREEK	COCONUT CREEK, FL 33073
			000002880210--6 -05/19/99--01051--021 ****908.75--****908.75

REINSTATEMENT 98-99 B 5/12/99

8. Name and Address of Current Registered Agent

~~LAWRENCE, DAVID~~
~~6902 PALMETTO CIRCLE SOUTH~~
~~BOCA RATON FL 33433~~

9. Name and Address of New Registered Agent

Name
LAWRENCE, DAVID
Street Address (P.O. Box Number is Not Acceptable)
5487 N.W. 49th STREET
Suite, Apt. #, Etc.

City
COCONUT CREEK

State
FL

Zip Code
33073

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

David Lawrence
REGISTERED AGENT MUST SIGN

Date **11/16/98**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Lawrence
DAVID LAWRENCE

11/16/98 (954) 425-
8161

CR2E040 (9/98)