

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 24 AM 9:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 03



700024083607  
10/24/03--01028--012 \*\*150.00

DOCUMENT # **P95000014981**

1. Corporation Name

**CLASSIC FINANCIAL SYSTEMS, INC.**

Principal Place of Business

Mailing Address

2804 REMINGTON GREEN CIRCLE  
SUITE 1  
TALLAHASSEE FL 32308

2804 REMINGTON GREEN CIRCLE  
SUITE 1  
TALLAHASSEE FL 32308

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

1637 Metropolitan Ave

1637 Metropolitan Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

I-A

I-A

City & State  
Tallahassee, FL

City & State  
Tallahassee, FL

Zip  
32308

Country  
USA

Zip  
32308

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

02/22/1995

5. FEI Number

59-3297957

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)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4 |
|---------------|-------------------------------------------|--------------------------------------------------------|-------------------------|
| D             | KARNIK, JAYANT                            | 1535 PAUL RUSSELL                                      | TALLAHASSEE FL 32302    |
| D             | WADE, WILLIAM W                           | 8112 BLUE QUILL TRL                                    | TALLAHASSEE FL 32312    |
|               |                                           |                                                        |                         |
|               |                                           |                                                        |                         |
|               |                                           |                                                        |                         |
|               |                                           |                                                        |                         |
|               |                                           |                                                        |                         |

8. Name and Address of Current Registered Agent

KARNIK, JAYANT D  
2804 REMINGTON GREEN CIRCLE  
STE 1  
TALLAHASSEE FL 32308

9. Name and Address of New Registered Agent

Name Karnik, Jayant D.  
Street Address (P.O. Box Number is Not Acceptable)  
1637 Metropolitan Ave  
Suite, Apt. #, Etc.  
I-A  
City Tallahassee State FL Zip Code 32308

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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.

SIGNATURE:

William W. Wade WILLIAM W. WADE 10-09-03 850-315-8184  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)



October 9, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

We respectfully request a waiver of the re-instatement fee due to the fact that we did not receive the initial renewal documents (UBRs), which were mailed to our previous address. Our office was relocated in January of this year.

Please find enclosed the Application for Reinstatement and filing fee of \$150.00.

Regards,

A handwritten signature in black ink that reads "Jayant D. Karnik". The signature is fluid and cursive, with the first name "Jayant" and last name "Karnik" clearly legible.

Jayant Karnik  
Director