

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV -6 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000044188

**1. Corporation Name**

CLASS II INC.

**2. Principal Office Address**

1022 E 27 TH ST

Suite, Apt. #, etc.

**3. Mailing Office Address**

1022 E 27TH ST

Suite, Apt. #, etc.

City & State

HIALEAH FL

Zip

33013

Country

USA

City & State

HIALEAH FL

Zip

33013

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

06/08/1995

**5. FEI Number**

65-0589148

Applied For

Not Applicable

**6.**

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

MASOOD MANZER

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

15841 SW 56TH ST

Suite, Apt. #, Etc.

City

SOUTHWEST RANCHES

State

FL

Zip Code

33331

**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

REGISTERED AGENT MUST SIGN

Date

**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
P	MASOOD MANZER	15841 SW 56TH ST	SOUTHWEST RANCHES FL 33331
T	JUNAID AKBAR	15841 SW 56TH ST	SOUTHWEST RANCHES FL 33331
D	FAUZIA JUNAID	15841 SW 56TH ST	SOUTHWEST RANCHES FL 33331

**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 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:

MASOOD MANZER

Date

11/1/03

Daytime Phone #

CR2081 (10/02)