

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 DEC 21 AM 9:17
DOCUMENT # P95000088667			
1. Corporation Name  Classic Sandblasting Inc			
2. Principal Office Address 6123 B Jensen Rd		3. Mailing Office Address PO Box 625	REINSTATEMENT 04-05 CR2E081 (8/05)
Suite, Apt. #, etc.		Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 11-17-95
City & State Tampa FL		City & State Gibsonton FL	5. FEI Number 59-3344174
Zip 33619	Country USA	Zip 33534	Country USA
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent  Name Robert H. Poole IV Street Address (P.O. Box Number is Not Acceptable) 6118 Nundy Ave Suite, Apt. #, Etc.			
City Gibsonton		State FL	Zip Code 33534
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 <i>Robert Poole</i> Date 12-19-05 REGISTERED AGENT MUST SIGN			
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	Robert H. Poole IV	6118 Nundy Ave	Gibsonton FL 33534
ST	Cristal G Poole	6118 Nundy Ave	Gibsonton FL 33534
C	Robert H. Poole III	6113 Lewis Ave	Gibsonton FL 33534
			400062327934 12/31/05-01034--014 ***908.75
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: <i>Robert Poole</i>		12-19-05 813-677-6893	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date Daytime Phone #			