

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**

Suite, Apt. #, etc.

City & State

**Tampa FL**

Zip

**33619**

Country

**USA**

3. Mailing Office Address

**PO Box 625**

Suite, Apt. #, etc.

City & State

**Gibsonton FL**

Zip

**33534**

Country

**USA**

**REINSTATEMENT 04-05**  
CR2E081 (8/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

**11-17-95**

5. FEI Number

**59-3344174**

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 **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

**Robert Poole**

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--011034--0114 \*\*\*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:

**Robert Poole**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12-19-05 813-677-6893**

Date

Daytime Phone #