

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000032885 1. Entity Name CLASSIC PROPERTIES (U.S.A.), INC.						FILED 06 SEP 11 PM 4:45 SECRET STATE TALLAHASSEE, FLORIDA	
Principal Place of Business %LEONARD BLOOM PA 201 S BISCAYNE BLVD STE-3000 MIAMI, FL 33131 US				Mailing Address LOEB, BLOCK & PARTNERS LLP 505 PARK AVE, 9TH FLOOR NEW YORK, NY 10022 US			
2. Principal Place of Business		3. Mailing Address		 REINSTATEMENT 0506 09052006 REIN-P CP2E098 (11/09)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 13-3883736				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
B&C CORPORATE SERVICES, INC ONE BISCAYNE TOWER, 21ST FL 2 SOUTH BISCAYNE BLVD MIAMI, FL 33131				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BERKE, HOWARD 505 PARK AVE, 9TH FL NEW YORK, NY 10022			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000079863180 09/15/06--01017--008 **300.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RASCH, M. STEPHEN 505 PARK AVE, 9TH FL NEW YORK, NY 10022			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.							
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				M. Stephen Rasch 9/15/06 212-755-5510 Date Daytime Phone #			