

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000058891**

1. Corporation Name

CLASSIC SOUTH, INC.

Principal Place of Business

Mailing Address

14010 MCGREGOR BLVD FT. MYERS FL 33919
15711 IONALAKES DR FT. MYERS FL 33908

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

2. New Principal Office Address, If Applicable

14010 MCGREGOR BLVD

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

15711 IONALAKES DR

Suite, Apt. #, etc.

City & State

FT. MYERS FL

City & State

FT. MYERS FL

Zip

33919

Country

USA

Zip

33908

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

7-9-96

5. FEI Number

65-0711276

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT

SP

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PRES	MICHAEL TALIERCIO	15711 IONALAKES DR	FT. MYERS FL 33908

000002988080--4
-03/15/99--01077--001
******908.75 ****908.75**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOHN MASTRANGELO
1217 NE 9 AVENUE
FT. LAUDERDALE FL 33304

Name

MICHAEL TALIERCIO

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

15711 IONALAKES DR

Suite, Apt. #, Etc.

City

FT. MYERS

State

FL

Zip Code

33908

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.

Signature of Registered Agent

Mike Taliercio

REGISTERED AGENT MUST SIGN

Date

8-31-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

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 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 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 herein is true and accurate, and my signature shall have the same legal effect as if made under oath.

Mike Taliercio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-31-99

Date

Daytime Phone #

CR2001 (12/98)