

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
07 NOV 29 PM 2:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000058291

1. Corporation Name

**Classic South, Inc.**

**REINSTATEMENT**

2. Principal Office Address - No P.O. Box #

14010 McGregor Boulevard

Suite, Apt. #, etc.

3. Mailing Office Address

15711 Iona Lakes Drive

Suite, Apt. #, etc.

City & State

Fort Myers, Florida

City & State

Fort Myers, Florida

Zip

33919

Country

US

Zip

33908

Country

US

58

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

7/9/1996

5. FEI Number

65-0711276

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

Micheal Taliercio

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

15711 Iona Lakes Drive

Suite, Apt. #, Etc.

City

Fort Myers, Florida

State

FL

Zip Code

33908

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Micheal Taliercio*

REGISTERED AGENT MUST SIGN

Date 10-16-07

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	Micheal Taliercio	15711 Iona Lakes Drive	Fort Myers, Florida 33908

11/30/07--01003--003 \*\*1402.50  
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11/30/07--01003--003 \*\*1402.50

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 contained in Chapter 119, 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:

*Micheal Taliercio*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-16-07

Daytime Phone #