1052

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 DEC 21 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000073611

1. Corporation Name
KLASSY KIDZ, INC

1997-2001 UBR

2. Principal Office Address	3. Mailing Office Address
1141 S. ROGERS CIRCLE	1141 S. ROGERS CIRCLE
Suite, Apt. #, etc. SUITE 3	Suite, Apt. #, etc. SUITE 3
City & State BOCA RATON FL.	City & State BOCA RATON, FL
Zip 33487 Country USA	Zip 33487 Country USA

4. Date Incorporated or Qualified To Do Business in Florida SEPT. 4, 1996

5. FEI Number 65-0698843 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

900004744969--0
-12/31/01--01048--020
****773.75 ****78.75

Suite, Apt. #, Etc:

City: Tallahassee State: FL Zip Code: 32301

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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: [signature] Brian Courtney Date: 12-21-01
REGISTERED AGENT MUST sign its agent

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
PRES	BRETT JAFFY	12312 CASCADES POINTE DRIVE	BOCA RATON FL 33428
V. PRES-SECY	CHADD JAFFY	23086-4 ISLAND VIEW	BOCA RATON, FL 33433

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: [signature] CHADD JAFFY Vice Pres / Secy 12-20-01 561-443-4261 X 232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

282

KLASSY KIDZ, INC.

KLASSY KIDZ, INC.
1141 S.ROGERS CIRCLE, #3 BOCA RATON FL, 33487
TELE: (561) 443-4261 FAX: (561) 443-2714

December 20, 2001

Division of Corporation
State of Florida

To Whom This May Concern,

Please accept this letter as proof that we never received the annual report for the year 1997 and as a result our corporation was revoked. Articles of Incorporation date September 4th 1996 and assigned Document # P96000073611.

Kindly reinstate my company. Should you need any further information please feel free to contact me at the above numbers.

Sincerely,

Chadd Jaffy
Vice-President
Klassy Kidz, Inc.