

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



OFFICE OF THE SECRETARY OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV 19 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000093857

1. Corporation Name

CLASSY CONCEPTS CORP.

Principal Place of Business

10826 GREENBRIAR VILLA DRIVE
LAKE WORTH FL 33467

Mailing Address

10826 GREENBRIAR VILLA DRIVE
LAKE WORTH FL 33467



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0713308

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	SOIFER, JUDI	10826 GREENBRIAR VILLA DRIVE	LAKE WORTH FL 33467

900003059229--0
-12/02/99--01076--006
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SOIFER, JUDI
10826 GREENBRIAR VILLA DRIVE
LAKE WORTH FL 33467

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Date

REGISTERED AGENT MUST SIGN

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Banker Associates
Certified Public Accountants
A Professional Corporation

②

5 Hillside Avenue
Tenafly, New Jersey 07670

Telephone (201) 871-1363
Facsimile (201) 569-6915

November 5, 1999

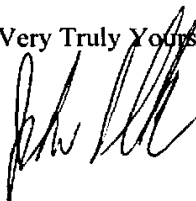
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL. 32314-6327

Re: Classy Concepts Corp
1999 Annual Report
Fed Id: 65-0713308

Dear Sirs,

The taxpayer listed above has requested that we respond to your Application of Reinstatement. The taxpayer claims that they never received the original Annual Report and they therefore should be exempt from any Reinstatement fees. Enclosed, find a copy of the completed Application for Reinstatement and a check for \$150 to cover the annual fee.

Very Truly Yours,



Joshua Pollack