

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/12/1996

5. FEI Number

65-0713308

Applied For

Not Applicable

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

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (8/02)

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CLASSY CONCEPTS CORP.  
10826 GREENBRIAR VILLA DRIVE #D  
LAKE WORTH, FL 33467

November 4, 2002

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

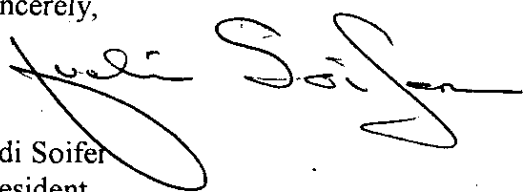
RE: Classy Concepts Corp.  
FEI Number 65-0713308

To Whom It May Concern:

Enclosed please find Application of Reinstatement along with a check in the amount of \$150.00 representing the Annual Report Fee. Please be advised that I never received the prior business report notices. Please reinstate the corporation's right to do business in the state of Florida.

Thank you in advance for your assistance in this matter.

Sincerely,



Judi Soifer  
President.