

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVAL AND FILED

98 DEC 14 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000042079**

1. Corporation Name

CLASS ACT, INC.

Principal Place of Business

Mailing Address

1532 US 41 BYPASS SOUTH
VENICE FL 34293

1532 US 41 BYPASS SOUTH
VENICE FL 34293



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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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	
05/08/1997	
5. FEI Number	Applied For
59-3446437	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	DICKMANN, SUSANNE M	1532 US 41 BYPASS SOUTH	VENICE FL 34293
	O'Brien (pls. see enclosures)		

700002716897--3
-12/18/98-01111-022
***758.75 ***758.75

DA 12/17

8. Name and Address of Current Registered Agent

MUSCO, STEPHEN M
1549 RINGLING BLVD., STE. 602
SARASOTA FL 34236

9. Name and Address of New Registered Agent

Name: SUSANNE M. O'BRIEN
Street Address (P.O. Box Number is Not Acceptable): 1227 WATERSIDE LANE
Suite, Apt. #, Etc.:
City: VENICE State: FL Zip Code: 34292

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: *Susanne M. O'Brien* REGISTERED AGENT MUST SIGN Date: 12/08/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: *Susanne M. O'Brien* SUSANNE M. O'BRIEN 12/08/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (941) 483-4544

CR2E040 (6/98)