PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 21 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000022395

1. Corporation Name
CLASSICALLY UNIQUE, INC

2. Principal Office Address	3. Mailing Office Address
409 POINCIANA ISLAND DR.	400 POINCIANA ISLAND DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NORTH MIAMI BEACH	City & State: MORTH MIAMI BEACH
Zip: FL 33160 Country	Zip: FL 33160 Country

100024221441
10/29/03--01006--018 **150.00

4. Date Incorporated or Qualified To Do Business in Florida: 03/10/1998

5. FEI Number: 65-0825168 ☐ 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: RIOS, LEOPOLDO J.

Street Address (P.O. Box Number is Not Acceptable): 1800 WEST 49TH STREET

Suite, Apt. #, Etc.: SUITE 301

City: HIALEAH State: FL Zip Code: 33012

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 _____ Date: 10/20/2003
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
PD	DOROFEEV, BORIS	409 POINCIANA ISLAND DR	N. MIAMI BEACH FL 33160
VD	PROSVETOVA, ALLA	409 POINCIANA ISLAND DR.	N. MIAMI BEACH FL 33160
T	MIRONENKO, PAVEL	409 POINCIANA ISLAND DR	N. MIAMI BEACH FL 33160
S	KOUDABERDIEV, BOURKHAN	409 POINCIANA ISLAND DR.	N. MIAMI BEACH FL 33160

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: _____ 10/20/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JL

Classically Unique, Inc.

October 20th, 2003

Florida Department of State
Division of Corporations
PO BOX 1500
Tallahassee FL 32302-1500

RE **Classically Unique, Inc**
Doc. Number: P98000022395

Dear Sir/Madam:

This letter is written regarding a filing of the annual report for the above-mentioned corporation.

Regarding the 2003 Annual Report for this Corporation, we did not file this UBR because we were in a foreign country by the due date for the filing. Please take this explanation as an apology in our part, and accept this UBR 2003 with the information you needed signed by the registered agent and kindly reinstate our Corporation. Again, we apologize for any inconvenience.

Very Truly Yours.

Classically Unique, Inc.

Boris Dorofeev
President-Director