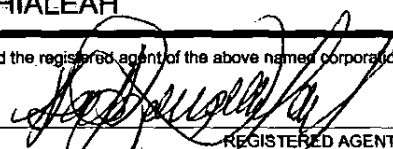
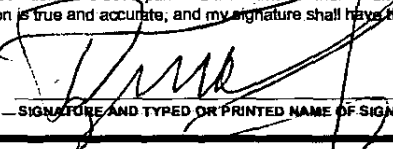


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION<br>REINSTATEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |  FLORIDA DEPARTMENT OF STATE<br>Secretary of State<br>DIVISION OF CORPORATIONS |                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| DOCUMENT # P98000022395                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                                                                                                                                                                 |                         |
| 1. Corporation Name<br>CLASSICALLY UNIQUE, INC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                                                                                                                                                                 |                         |
| 2. Principal Office Address<br>409 POINCIANA ISLAND DR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   | 3. Mailing Office Address<br>400 POINCIANA ISLAND DR.                                                                                                           |                         |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   | Suite, Apt. #, etc.                                                                                                                                             |                         |
| City & State<br>NORTH MIAMI BEACH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   | City & State<br>NORTH MIAMI BEACH                                                                                                                               |                         |
| Zip<br>FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country<br>33160                  | Zip<br>FL                                                                                                                                                       | Country<br>33160        |
| 4. Date Incorporated or Qualified To Do Business in Florida                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   | 03/10/1998                                                                                                                                                      |                         |
| 5. FEI Number<br>65-0825168                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   | Applied For<br>Not Applicable                                                                                                                                   |                         |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   | \$8.75 Additional Fee required for a Certificate of Status                                                                                                      |                         |
| 7. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                                                                                                                                 |                         |
| Name<br>RIOS, LEOPOLDO J.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                                                                                                                                                                 |                         |
| Street Address (P.O. Box Number is Not Acceptable)<br>1800 WEST 49TH STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                                                                                                                                                                 |                         |
| Suite, Apt. #, Etc.<br>SUITE 301                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   |                                                                                                                                                                 |                         |
| City<br>HIALEAH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   | State<br>FL                                                                                                                                                     | Zip Code<br>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<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   | Date<br>10/20/2003                                                                                                                                              |                         |
| REGISTERED AGENT MUST SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                                                                                                                                                                 |                         |
| 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:<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   | Date<br>10/20/2003                                                                                                                                              |                         |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   | Daytime Phone #                                                                                                                                                 |                         |

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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CR2E061 (10/02)

JK

## **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.**

A handwritten signature in black ink, appearing to read 'Boris Dorofeev', with several horizontal strokes extending to the right.

Boris Dorofeev  
*President-Director*