PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

02 NOV 15 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000032854

1. Corporation Name
Pure Class Inc.

REINSTATEMENT 2001-2002

2. Principal Office Address	**3.** Mailing Office Address
1807 Pine hill D	1807 Pine hill D
Suite, Apt. #, etc. Safety Harbor	Suite, Apt. #, etc. Safety Harbor
City & State FL	City & State FL
Zip 34695 Country USA	Zip 34695 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 4/8/98

5. FEI Number 593504830 — 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: Christine Greenberg
Street Address (P.O. Box Number is Not Acceptable): 1807 Pine hill Dr
Suite, Apt. #, Etc.:
City: Safety Harbor FL 34695 State: FL Zip Code: 34695

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: Christine Greenberg Date: 11/7/02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
Pres	Christine Greenberg	1807 Pine Hill Drive	Safety Harbor FL 34695
			100009035741

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: Christine Greenberg 11/7/02 727 423 4117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Please Feel ex-certificate back & enclos

ACCOUNT NO. : 072100000032

REFERENCE : 817581 7356971

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 908.75

ORDER DATE : November 12, 2002

ORDER TIME : 11:52 AM

ORDER NO. : 817581-005

CUSTOMER NO: 7356971

CUSTOMER: Ms. Christine Greenberg
Pure Class Inc.
1807 Pine Hill Drive

Safety Harbor, FL 34695

DOMESTIC FILINGS

NAME: PURE CLASS INC.

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS _____