

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

**FILED**  
**00 AUG 14 PM 1:48**

**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

**DOCUMENT #** P98060035550

**1. Corporation Name**

CLASSIQUE STYLE, INC.

**2. Principal Office Address**

6590 W. ROGERS CR.

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

#8

Suite, Apt. #, etc.

**City & State**

BOCA RATON, FL

**City & State**

**Zip**

33487

**Country**

USA

**Zip**

**Country**

**4. Date Incorporated or Qualified To Do Business in Florida**

10-26-98

**5. FEI Number**

65-0876072

**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**

DOMINIC GRACI

800003369728--7

**Street Address (P.O. Box Number is Not Acceptable)**

6590 W. ROGERS CIRCLE

-08/23/00--01058--021

\*\*\*\*150.00 \*\*\*\*150.00

**Suite, Apt. #, Etc.**

Suite 8

**City**

BOCA RATON

**State**

FL

**Zip Code**

33487

**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**

*[Signature]*

**Date** 8/8/00

**REGISTERED AGENT MUST SIGN**

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City, State / Zip</b>
PRES.	DOMINIC GRACI	6590 W. ROGERS CR. #8	BOCA RATON FL 33487
V.P.	STEPHANIE GRACI	SAME	SAME

**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 in 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]* STEPHANIE GRACI

5-26-00 561-995-7557

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**