

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000035550

Entity Name: CLASSIQUE STYLE, INC.

FILED
Apr 05, 2006
Secretary of State

Current Principal Place of Business:

6590 W. ROGERS CR.
#8
BOCA RATON, FL 33487

Current Mailing Address:

6590 W. ROGERS CR.
#8
BOCA RATON, FL 33487

New Principal Place of Business:

5030 CHAMPION BLVD. - G6
SUITE 266
BOCA RATON, FL 33496

New Mailing Address:

5030 CHAMPION BLVD. - G6
SUITE 266
BOCA RATON, FL 33496

FEI Number: 65-0876072

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GRACI, DOMINIC
6590 W. ROGERS CIRCLE
SUITE 8
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

GRACI, A
5030 CHAMPION BLVD. - G6
SUITE 266
BOCA RATON, FL 33496 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: A GRACI

04/05/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GRACI, DOMINIC
Address: 6590 W. ROGERS CR. #8
City-St-Zip: BOCA RATON, FL 33487

Title: VP (X) Delete
Name: GRACI, STEPHANIE
Address: 6590 W. ROGERS CR. #8
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: GRACI, S
Address: 5030 CHAMPION BLVD. - G6
City-St-Zip: BOCA RATON, FL 33496

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SBGRACI

VP

04/05/2006

Electronic Signature of Signing Officer or Director

Date