

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 23 AM 9:41

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000035550

1. Corporation Name

CLASSIQUE STYLE, INC.

Principal Place of Business

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

Mailing Address

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

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

04/20/1998

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	GRACI, DOMINIC	6590 W. ROGERS CR. #8	BOCA RATON FL 33487
VP	GRACI, STEPHANIE	6590 W. ROGERS CR. #8	BOCA RATON FL 33487

100024056281
10/23/03--01083--017 **150.00

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/17/03

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/17/03

CR2E040 (7/03)

Classique Style Inc.

October 21, 2003

Department of State
Uniform Business

CLASSIQUE STYLE INC. – ID# 65-0876072

Please accept this reinstatement of the above listed corporation. We were not in receipt of the prior notices of the Annual Uniform Business Report filing notice.

Thanking you in advance.

Regards,

Stephani Graci
President

6590 West Rogers Circle . Suite 8 . Boca Raton . FL . 33487
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Email: SGRACI@aol.com