

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000101636

1. Corporation Name

CLASSIC CLEANING, INC.

Principal Place of Business

Mailing Address

276 A S. MILITARY TRAIL
DEERFIELD BEACH FL 33442
US

276 A S. MILITARY TRAIL
SUITE 100
DEERFIELD BEACH FL 33442
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/02/1998

5. FEI Number

65-0877850

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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
PDST	MILVA, MARGARETH	610 ANDERSON CIRCLE #203	DEERFIELD BEACH FL 33444
PDST	SILVA, MARGARETH	3328 CELEBRATION LN	MARGATE / FL / 33063

600003469596--9
-11/20/00--01016--017
***758.75 ***758.75

LS

8. Name and Address of Current Registered Agent

SMITH, ROBERT H
3170 N FEDERAL HIGHWAY
SUITE 100
LIGHTHOUSE POINT FL 33064

9. Name and Address of New Registered Agent

Name

MARGARETH SILVA

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

3328 CELEBRATION LN

Suite, Apt. #, Etc.

City

MARGATE

State

FL

Zip Code

33063

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.

Signature of
Registered Agent

Margareth Silva
REGISTERED AGENT MUST SIGN

Date

10/27/00

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:

Margareth Silva
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/27/00

Daytime Phone #

(954) 977-8958