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Florida Department of State reations

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To;

Division of Corporations

Fax Number

: (850)922-4001

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)541-3694 Fax Number : (305)541-3770

FLORIDA PROFIT CORPORATION OR P.A.

CLASSIC RE-CREATIONS, INC.

Certificate of Status	
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Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Classic Re-Creations, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

15207 NW 60th Avenue, Miami Lakes, Florida 33014.

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time

100 at \$1 per value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

Daniel Scott Katz 4801 South University Drive, Suite 210 Davie, FL 33328

SPECIFIC NATURE OF THE BUSINESS ARTICLE V

The nature of the Corporation is for the purpose of auto restoration.

Daniel Scott Katz 4801 South University Avenue, Suite 210 Davie, Florida 33328 954-252-8470 0026840

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ARTICLE V INCORPORATOR(S) See Instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

John Yurgesiltis, Sr. 14800 Lewis Road Miami Lakes, Florida 33014

John Yurgealitis, Jr. 2913 Dorchester Lane Cooper City, Florida 33026

Jeffrey Yurgealitis 14800 Lewis Rozd Mismi Lakes, Florida 33014

(An additional article must be added if an effective date is requested.)

Signature

Notarization is not required

NGTE: Affining an officer title after a signature of an incorporator does not constitute the designation of officers.

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation is: Classic Re-Creations, Inc.			4
2.	The name and address of the registered agent and office is:	ن ⊇⊣	20 18	
	Daniel Scott Katz		Z =	\equiv
	(Name)	SSEE,	.	(III
	4801 South University Drive, Suite 210	- 11,	± Ω	D
	(P.O. Box or Mail Drop Box NOT ACCEPTABLE)	~~~~	26	
	Davie, Florida 33328		-	
	(City/State/Zip)			

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature)

(Date)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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