

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR 23 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000004404

1. Corporation Name

CLASSIC RE-CREATIONS, INC.

2. Principal Office Address

7705 N.W. 75TH AVE.

Suite, Apt. #, etc.

City & State

MEDLEY, FL.

Zip

33166

Country

U.S.A.

3. Mailing Office Address

C/O YURGEALITIS

Suite, Apt. #, etc.

14800 LEWIS RD.

City & State

MIAMI LAKES FL.

Zip

33014

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

JAN 14, 1999

5. FEI Number

65-0888803

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

JOHN P. YURGEALITIS

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

14800 LEWIS RD.

Suite, Apt. #, Etc.

City

MIAMI LAKES

State

FL

Zip Code

33014

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

John P. Yurgealitis
REGISTERED AGENT MUST SIGN

Date MAR 15, 2001

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES. DIR.	John P. Yurgealitis	14800 LEWIS RD.	MIAMI LAKES, FL. 33014
V.P. DIR.	John P. Yurgealitis Jr.	2913 DORCHESTER LANE	COOPER CITY, FL. 33026
V.P. DIR.	JEFFREY P. YURGEALITIS	14800 LEWIS RD.	MIAMI LAKES, FL. 33014
			SP

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 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:

JOHN P. YURGEALITIS PRESIDENT/DIRECTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR. 15, 2001 305-863-4299

Date

Daytime Phone #

CR2E081 (9/00)