

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 21 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000013681

1. Corporation Name

SAVANNAH CLE, INC.

2. Principal Office Address

10998 Bonita Beach Road

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

Zip

34135

Country

US

3. Mailing Office Address

10998 Bonita Beach Road

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

Zip

34135

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

2/11/99

5. FEI Number

59-3572802

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

02-02-04 01097 009 185.00
03-05

7. Name and Address of Current Registered Agent

Name

C. L. (EDWARDS) HALL

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

C/O 10998 Bonita Beach Road

Suite, Apt. #, Etc.

City

Bonita Springs

State

FL

Zip Code

34135

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

Date 2/17/2005

REGISTERED AGENT MUST SIGN

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
P	C. L. HALL	10998 Bonita Beach Road	Bonita Springs, FL 34135

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:

C. L. HALL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/05

Date

239-498-6881

Daytime Phone #

CR2E081 (01/05)

10/250

2/2

Classic Title Services, Inc.

10998 Bonita Beach Rd.
Bonita Springs, FL 34135
Phone 239-498-6881 Fax 239-498-6896

February 17, 2005

Federal Express

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Gentlemen:

Pursuant to phone call instructions this date, enclosed is a completed Corporation Reinstatement form for Savannah CLE, Inc., together with our check in the amount of \$265.00 and a copy of our cleared check number 278 in the amount of \$185.00. Also enclosed is a copy of our previous correspondence dated January 30, 2004.

As previously stated, we did not receive notices which appear to have been mailed to our previous address. Our attempts to update our address in your records have failed.

Our previous correspondence requested our credit card be charged if the amount submitted was incorrect, and requested to be contacted in the event additional information was needed. We did not receive any additional correspondence and thought the matter was resolved. We request the late fees be waived.

Pursuant to the phone conversation, I understand the documentation will not be processed for approximately ten days. I was advised I would receive correspondence/documentation after processing.

Please contact the undersigned if any of the above information is incorrect or if additional documentation is required. Your cooperation will be greatly appreciated.

Sincerely,



C. L. HALL

President

CLASSIC TITLE SERVICES, INC.

and

SAVANNAH CLE, INC.