

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR 13 PM 4:44

DOCUMENT # P99000032786

1. Corporation Name

Uptown Classic Properties, Inc.

2. Principal Office Address

117 St. James Way

Suite, Apt. #, etc.

City & State

Naples FL

Zip

34104

Country

USA

3. Mailing Office Address

800 Franklin Avenue West

Suite, Apt. #, etc.

City & State

Mpls, MN

Zip

55405

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/9/99

5. FEI Number

58-2455465

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

Spiros G. Zorbalas

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

117 St James Way

Suite, Apt. #, Etc.

Naples

City

State

FL

Zip Code

34104

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

Spiros G. Zorbalas

Date 2/21/01

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

President	Spiros G. Zorbalas	117 St. James Way	Naples, FL 34104

3/13

10. I certify that I am an officer or director of the recipient 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

Spiros G. Zorbalas, President 2/21/01 (612) 377-1368

Date

Daytime Phone #

CR2E081 (9/00)

2052

DO NOT REMOVE

February 21, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Administrative Dissolution

Dear Sir or Madam:

I recently discovered that your office had administratively dissolved my company on September 22, 2000. I was confused at this discovery since I filed my Annual Report in the year 2000 and paid my \$150 fee. Upon further investigation, I discovered that your office had not cashed my check for \$150.

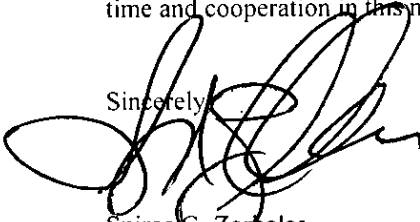
Upon explaining these facts to your office on February 14, 2001, I was instructed to submit my reinstatement form with a fee of \$300 to cover my Annual Report Fee both Years 2000 and 2001. I have included both of these items with this correspondence.

To further reduce the chances of this happening again, I would like you to change our mailing address to the following address:

Uptown Classic Properties, Inc.
Attn: Spiros G. Zorbalas
800 Franklin Avenue West
Minneapolis, MN 55405

If you have any other questions, please feel free to contact me toll-free at 612-377-1360. Thank you for time and cooperation in this matter.

Sincerely,



Spiros G. Zorbalas
President
Uptown Classic Properties, Inc.
117 St. James Way
Naples, FL 34104

cc: Reinstatement Application, \$300 fee