PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

FILED
02 MAY 24 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT #

1. Corporation Name: CLASSIC MANAGEMENT eTRAVEL INC
P99000070625

2. Principal Office Address	3. Mailing Office Address
4343 US HWY 27 SOUTH	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CLERMONT	City & State: FLORIDA
Zip / Country	Zip: 34711 / Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 0699

5a. FEI Number: * — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: ALISON WHEATLEY

700005728577--0
-06/10/02--01051--023
****900.00 ****900.00

Street Address (P.O. Box Number is Not Acceptable): 4343 US HWY 27 SOUTH

Suite, Apt. #, Etc.:

City: CLERMONT | State: FL | Zip Code: 34711

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: [signature] REGISTERED AGENT MUST SIGN — Date: 17/5/02

CR2E061 (10/01)

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
MRD	ADRIAN PETER WHEATLEY	4343 US HWY 27 SOUTH	CLERMONT FL 34711
MRSD	ALISON WHEATLEY	4343 US HWY 27 SOUTH	CLERMONT FL 34711

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: [signature] — 17/5/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6/6/02