

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000108061

1. Corporation Name

CLASSLEADER, INC.

Principal Place of Business

Mailing Address

16939 ISLE OF PALM DRIVE
DELRAY BEACH FL 33484

16939 ISLE OF PALM DRIVE
DELRAY BEACH FL 33484

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

1630 N. Federal Hwy #105

Suite, Apt. #, etc.

6411 NE 22nd Ave

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale FL

Zip

33305

Country

US

Zip

33308

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

12/14/1999

5. FEI Number

65 098 0854

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	LEVIN, JACQUES	6411 N.E. AVENUE	FORT LAUDERDALE FL 33308
D	DESCROIS, DOMINIQUE	641 N.E. AVENUE	FORT LAUDERDALE FL 33308
D	MUELLER, GEORGE	4 CHEMIN DE LA MARJOLAINE	1297 FOUNEX
D	LEVIN, WILHELMINA	6411 N.E. AVENUE	FORT LAUDERDALE FL 33308
D	SCHULTZ, DANIEL G	16939 ISLE OF PALM DRIVE	DELRAY BEACH FL 33484
D	SCHULTZ, SYLVIAN	16939 ISLE OF PALM DRIVE	DELRAY BEACH FL 33484

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VAN VORIS, JOHN I
501 E. KENNEDY BLVD., SUITE 1400
TAMPA FL 33601

Name

Jacques Levin

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

6411 NE 22nd Ave

Suite, Apt. #, Etc.

Fort Lauderdale

City

Fort Lauderdale

State

FL

Zip Code

33308

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date 10/16/2000

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/2000

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 18 AM 9:27

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****750.00 ****750.00



REINSTATEMENT

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