

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

APPLICATION  
FOR 93-98  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

98 MAR -2 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 986926

1. Corporation Name

CLASSIC - One Inc

Principal Place of Business

Mailing Address

2620 NW 39TH AVE  
MIAMI - FL 33142-5635

333 S. Royal  
Poinciana BLVD #408  
MIAMI-SPRING.  
FL 33166

500002447425--1  
-03/04/98--01110--015  
\*\*\*1500.00 \*\*\*1500.00

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10-11-1991	
City & State		City & State		5. FEI Number	
Zip		Country		65-0299702	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DPS	ANGEL L. Caballero	333 S. Royal, Poinciana BLVD #408	Miami-Spring, FL 33166
T	ANGEL L. Caballero	333 S. Royal, Poinciana BLVD #408	Miami-Spring, FL 33166

REINSTATEMENT 93-98

A. Alan  
3/2/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ANGEL L. Caballero 333 S. Royal, Poinciana BLVD #408 Miami-Spring, FL 33166		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
		FL	

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]*

REGISTERED AGENT MUST SIGN

Date 2/18/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on Intangible tax.)

12. 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/98 (205) 871-1269

Date

Daytime Phone #

CR200-0 (1/98)