

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAR -7 PM 4:00

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # V21372

1. Corporation Name

THE CLASSICS OF TAMPA, INC.

2. Principal Office Address

3112 Angeles Street

Suite, Apt. #, etc.

3. Mailing Office Address

3112 Angeles Street

Suite, Apt. #, etc.

REINSTATEMENT

00-02

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip

33629

Country

U.S.

Zip

33629

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

03/16/1992

5. FEI Number  
59-3114084

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

Mary Lee Farrior

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

900005172885--8

03/27/02-01084-013

\*\*\*1050.00 \*\*\*1050.00

Suite, Apt. #, Etc.

3112 Angeles Street

City

Tampa

State  
FL

Zip Code  
33629

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

Mary Lee Farrior

REGISTERED AGENT MUST SIGN

Date

Feb. 28, 02

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
D	Mary Lee Farrior	3112 Angeles Street	Tampa, Florida 33629
D	Frances P. Roberts	2943 Habersham Rd., N.W.	Atlanta, Georgia 30305

AD

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)(f), 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:

Mary Lee Farrior

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Feb. 28 - 02 813254900

Daytime Phone #

CRZE081 (9/01)