

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC 21 PM 3:53

DOCUMENT #586789

**1. Corporation Name**

Classic Coach Refinishing Corp.

W000000029158

**REINSTATEMENT**

**2. Principal Office Address**

9828 SW 168th St.

Suite, Apt. #, etc.

**3. Mailing Office Address**

9828 SW 168th St.

Suite, Apt. #, etc.

City & State

Miami, FL.

City & State

Miami, FL.

Zip

33157

Country

USA

Zip

33157

Country

USA

**4. Date Incorporated or Qualified**

To Do Business in Florida 9/19/1978

**5. FEI Number**

59-1935327

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

Benito R. Bencomo

700003521887-7

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

9115 SW 166th Pl.

01/03/01-01035-013

\*\*\*1350.00 \*\*\*1350.00

Suite, Apt. #, Etc.

City

Miami

State  
**FL**

Zip Code  
33196

**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

*Benito R. Bencomo*  
REGISTERED AGENT MUST SIGN

Date 12/18/00

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| P/D    | Benito R. Bencomo                    | 9115 SW 166th Pl.                                 | Miami, FL. 33196   |
| S/D    | Ofelia Bencomo                       | 9115 SW 166th Pl.                                 | Miami, FL. 33196   |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)