

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

96 NOV -4 PM 1:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F40534**

1. Corporation Name  
**Surf Classic Company, Inc.**

300001997383--0  
-11/06/96--01031--004  
\*\*\*\*483.75 \*\*\*\*483.75

Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_

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

2. New Principal Office Address, if Applicable  
**702 Via Verona**  
Suite, Apt. #, etc.  
City & State:  
**Deerfield Beach, FL**  
Zip  
**33442**  
Country  
**Broward**

3. New Mailing Address, if Applicable  
**144 Exchange Blvd.**  
Suite, Apt. #, etc.  
**Suite 401**  
City & State:  
**Rochester, New York**  
Zip  
**14614**  
Country  
**Monroe**

4. Date Incorporated or Changed To Do Business in Florida  
**8-17-81**

5. FTT Number \_\_\_\_\_ Applied For  Not Applicable

CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of each Officer and/or Director (Florida non-profit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officer and/or Director	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	John P. Lomenzo	28 Tobey Brook	Pittsford, NY 14534
V/T/D	John P. Lomenzo Jr.	4 Forest Grove Court	Penfield, NY 14526
S/D	Sophia Lomenzo	4 Forest Grove Court	Penfield, NY 14526

**REINSTATEMENT 1996**

8. Name and Address of Current Registered Agent

Signature of Registered Agent: *John P. Lomenzo*  
REGISTERED AGENT (PRINT NAME)

9. Name and Address of New Registered Agent

Name: **John P. Lomenzo**  
Street Address (P.O. Box Number is Not Acceptable): **702 Via Verona**  
Suite, Apt. #, etc.: \_\_\_\_\_  
City: **Deerfield Beach**  
Zip: **33442**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Date: **10-29-96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee (appointed to create this application as provided for in Chapter 007 or 817, 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., and that all fees owed by the corporation have been paid. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **John P. Lomenzo** *John P. Lomenzo*  
SIGNATURE AND TYPED OR PRINTED NAME OF CHIEF OFFICER OR DIRECTOR

Date: **10-29-96** (716) 546-1510