

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

AND
FILED

97 NOV 24 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

G88399

1. Corporation Name

Classic Lines, Inc.

Principal Place of Business

Mailing Address

1171 SE 10th Avenue
Hialeah, FL 33010-5842

Same

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

3/01/84

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-2387785

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Robert LaPointe	1900 Preston Trail	Coral Springs, FL 33071
V/D	Joyce LaPointe	1900 Preston Trail	Coral Springs, FL 33071
S/T/D	Bruce McCune	2808 Maplewood Avenue	Winston-Salem, NC 27103

000002356230--9

11/25/97-01025-812

758.75 758.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Richard B. Austin
300 Rochester Building
8390 NW 53rd Street
Miami, FL 33166Name
Robert LaPointeStreet Address (P.O. Box Number is Not Acceptable)
1900 Preston Trail

Suite, Apt. #, Etc.

City
Coral SpringsState
FLZip Code
33071

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

ROBERT LAPOINTE

Date NOV 20, 1997

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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 AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 ROBERT LAPOINTE

11,20,97

(305) 887-6223

Date

Daytime Phone #

CFC2040 (1/95)