

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

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



**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
 97 OCT 27 PM 12:55

*umh*  
 10/28

**DOCUMENT # K52608**  
 1. Corporation Name  
**THE CLASSICAL RECORD SHOP, INC.**

Principal Place of Business      Mailing Address  
 215 ROYAL POINCIANA WAY      215 ROYAL POINCIANA WAY  
 PALM BEACH FL 33480      PALM BEACH FL 33480



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	12/20/1988
5. FEI Number	65-0090430
Applied For	Not Applicable
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)

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
PD	COHEN, CANDICE	330 COCONUT ROW APT 2C	PALM BEACH FL

800002332588--1  
 -10/29/97--01077--002  
 \*\*\*\*\*750.00 \*\*\*\*\*750.00

8. Name and Address of Current Registered Agent

**COHEN, CANDICE**  
 265 SOUTHLAND ROAD  
 PALM BEACH FL 33480

9. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 330 COCONUT ROW  
 Suite, Apt. #, Etc.  
 # 2C  
 City      State      Zip Code  
 PALM BEACH      FL      33480

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: *Candice Cohen*      Date: *Oct 24 1997*  
 REGISTERED AGENT MUST SIGN

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: *Candice Cohen*      Date: *Oct 24 1997*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #

CR2040 (8/97)