

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR *am* REINSTATEMENT



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

DOCUMENT # **K52608**

1. Corporation Name
THE CLASSICAL RECORD SHOP, INC.

Principal Place of Business 215 ROYAL POINCIANA WAY PALM BEACH FL 33480	Mailing Address 215 ROYAL POINCIANA WAY PALM BEACH FL 33480
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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 <input checked="" type="checkbox"/> 99 Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 99

FILED
99 NOV 15 PM 3: 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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	4 City / State / Zip
PD	COHEN, CANDICE	300 COCONUT ROW APT 2C 434 Chilean	PALM BEACH FL
			688002050236--7 -11/19/99--01091--022 ****750.00 ****750.00

8. Name and Address of Current Registered Agent COHEN, CANDICE 330 COCONUT ROW #2C PALM BEACH FL 33480	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code
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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 *[Signature]* REGISTERED AGENT MUST SIGN Date **Nov 11/99**

11. 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]* **REQUIRED** Date **Nov 11/99**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #